MM 8755

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Army Medical Museum.

MEDICAL SERIES

VOL. I.

Surgeon General's Office.

Descriptive Catalogue
of the
Medical Series
Army Medical Museum
by
Asst Surgeon J. J. Woodward U.S.A

Note.- The order in which specimens are arranged in this catalogue is simply that in which they have been mounted and described, this having been found the most convenient method of getting the facts upon record.

The first medical specimens were received during the fall of 1862.

No. 1.

6451 a1

7448

Scorbutic ulceration of the mouth.

Presented by Dr. R. K. Browne
Marine Hospital, New Orleans La.

Notice.

The old Nos are in Black ink. The new Nos in Red ink

The specimen consists of an inch and three fourths of the inferior maxillary bone, taken at the symphysis, with the soft parts attached; the gum and periosteum are dissected by the ulcerative process, both anteriorly and posteriorly, to the distance of half an inch below the alveolar process.

This specimen, and several succeeding ones, are taken from soldiers, who died at New Orleans. La. in 1862, of a disease, which was quite fatal, and which is believed to be scurvy; although its scorbutic nature, was denied by many of the surgeons in the department. At a subsequent period when the success of the expedition rendered supplies more plentifull, the affection disappeared.

Dr. Browne who forwarded these specimens, describes them as "Gangrene of the throat". and states that all the patients were anaemic and debilitated, but does not think they were scorbutic. He describes the affection as painless in its progress; and states that its existance was frequently not suspected until after death.

Recd. at A.M.M. Feb – 1863.

Date of letter of transmission Feb. 20th. 1862.

No. 2

6451 a2

7449

Scorbutic ulceration of the mouth.

Presented by Dr. R. K. Browne
New Orleans, La.

The specimen consists of the right lateral half of the inferior maxillary bone, with a portion of the tongue attached, and presents an ulcer, freely exposing the bone, and situated chiefly between the region of the bicuspids and molars and the tongue.

The case belongs to the same category as No. 1.

Recd. A.M.M. Feb. 1863

No 3. Superficial scorbutic ulceration of the tonsils.

64S1a3

7450

Presented by Dr. R.t K.t Browne

Marine Hospl New Orleans La.

The specimen consists of the larynx, posterior third of the tongue, half arches and tonsils; the ulceration is most prominent on the right side.
The case belongs to the same category as No. 1.

Recd-at A.M.M. Feb- 1863.

No. 4. Extensive ulceration of the tonsils, and of the root of the tongue.

64S1 a4

7451

Presented by Dr. R.t K. Browne

Marine Hospl New Orleans La.

The specimen consists of larynx, posterior third of tongue half arches, and tonsils. The ulcers are foul, irregular and gangrenous.
The case belongs to the same category as No. 1.

Recd-at A.M.M - Feb.- 1863:

No. 5. Superficial ulceration of the tonsils.

64S1 a5

7452

Presented by Dr. R.t K. Browne.

Marine Hospl. New Orleans La.

The specimen consists of larynx, posterior third of tongue, and half arches. The ulceration is most extensive in the right tonsil where it is foul and gangrenous; the mucus follicles at the root of the tongue much enlarged, with gaping orifices

The case belongs to the same category as No 1.

Recd. at A.M.M. Feb- 1863

No. 6.

6351a2

7453

Scorbutic ulceration of the larynx.

Presented by Dr. R. K. Browne
Marine Hospital New Orleans La.

The specimen consists of the anterior half of the larynx with the posterior third of the tongue attached. The ulceration, which is situated on the right side below the rima-glottidis, is situated chiefly on the inner surface of the cricoid cartilage, dissecting however between this cartilage and the thyroid; the ulceration is deep and phagedenic, the perichondrium of the cricoid dissected off; the cricoid itself at the bottom of the ulcer is of bone-like hardness from calcareous deposits.

The case belongs to the same category as No 5.

Recd. at A.M.M. Feb. 1863.

No. 7.

6351 D75

7454

Diphtheria.

Presented by Surgeon Henry A. Bryant U.S.V.
Lincoln General Hospital
Washington D. C.

The specimen consists of anterior half of larynx with soft palate and posterior third of tongue attached. The diphtheritic alteration of the mucous membrane, involves the posterior surface of the soft palate, the under surface of the epiglottis, and the larynx; being most luxuriant at the rima-glottidis. The patient, Private D. G. Hatch, Co. D. 13th New Hampshire Vols, died in the Lincoln General Hospital, March 4th 1862.

Recd at A.M.M. Aug 1862

No. 8.

b 3 d 1 s 6

7455

Diphtheria.

Presented by Actg: Asst Surgn: B. B. Miles U. S. N.
Div. No. 1. Annapolis General Hospital Md.

The specimen consists of the anterior half of the larynx, which is lined by a pseudo-membrane, which occupies its entire length, and lies free in the cavity in the form of a tube.

No. 9.

b 3 d 1 s 4

7456

Diphtheria.

Presented by Act. Asst Surgr. B. B. Miles U. S. N
Div. No. 1. Annapolis General Hospital. Md.

The specimen consists of the larynx, lined throughout by pseudo-membrane.

No. 10.

b 3 d 1 s 5

7457

See case no. 5. b. 16 - post 161. Hamilton.

Diphtheria

Presented by Asst Surgeon H. Allen U. S. A.
Lincoln General Hospital
Washington D. C.

The specimen consists of larynx and trachea including the bifurcation of the bronchi, the tube lined throughout by pseudo-membrane.

No. 11.

63 S1 D1

7458

Diphtheria.

Presented by Dr. Joseph Leidy
U.S.A. General Hospital
West Philadelphia Penna.

The specimen consists of the tongue and larynx laid open posteriorly. the diphtheritic layer in an early stage of development.

No 12.

63S1D10

7459

Diphtheria.

Presented by Dr. Joseph Leidy
U.S.A. General Hospital
West Philadelphia Penna.

Admitted Aug. 10-62. Diagnosis-Diphtheria

The specimen consists of posterior fourth of tongue, larynx, and trachea, the air passages being laid open posteriorly. the diphtheritic layer loosened into shreds lines the larynx, trachea, and bronchi.

The patient Private J. L Blake Co "F" 7th Regt Maine Vols. died September 23rd 1862 in the West Philadelphia Genl. Hospital.

The following account of the Post-mortem examination is furnished by Dr Leidy.

Age about thirty years, body good looking and not wasted. Case of diphtheritis. The fauces and pharynx to the commencement of the œsophagus, the larynx, trachea, and bronchi were inflamed and lined with pseudo-membrane. The tissue of the lungs was healthy, but the bronchial tubes were filled with mucus. Some blood was effused into the interlobular connective tissue. The apex of the right lung was tied by an old pleuritic adhesion. The heart, liver, spleen, pancreas, and kidneys were healthy. The stomach exhibited evidences of gastritis, and was more or less inflamed throughout. The mucous membrane of the

duodenum, jejunum, and ileum were slightly reddened, and stained with bile. The large intestine was exceedingly contracted, and was nearly uniformly pink throughout.

No 13.

63 61 D 11

3460

Diphtheria.

Presented by Asst. Surg. H. B. Buck U. S. V.
Columbian General Hospital
Washington D. C.

The specimen consists of larynx and trachea laid open posteriorly, the diphtheritic membrane extends throughout into the bronchi, as a hollow tube.

The following history of the case is furnished by Dr Buck.

Some months since, the patient had typhoid fever, which left him with Chronic diarrhoea, proving very persistent. In the meantime, previous to his arrival here, he had measles, and was quite sick for two or three weeks.

When I first saw him, he was very feeble and much emaciated; his tongue was furred. The treatment for diarrhoea was quite successful. He improved and was able to leave his bed for most of the day.

On March 11th 1863 he complained of sore throat, did not come under my notice until evening. Upon examination I discovered its true nature; diphtheritic exudation already manifest, still swallowed easily.

March 12th. Difficulty in swallowing, after a certain amount had passed all fluid returned by the nose.

March 13th. Breathing quite laborious, tonsils much swollen, the membrane upon each nearly closing the fauces: the surrounding parts were all covered with pseudo-membrane. I removed with the forceps, all the membrane which could be reached, with temporary relief. Towards evening

symptoms of suffocation reappeared, and at his request I made a second attempt to clear the throat, but without success. His feeble condition would not warrant nauseants. From the first he had been taking Tincture of iron, and quinine in full doses; the pure tincture was also applied to the throat internally, and oil of turpentine externally. So long as he could swallow, he drank largely of milk punch and egg-nogg. Difficulty of breathing constantly increased, and he died on saturday morning at 3 o'clock of asphyxia.

No Post mortem appearances of much interest except in the air passages and throat. Pulmonary congestion very evident.

For certain reasons the examination was confined to the neck and chest.

Received 6th March 1863.

No. 84.

635158

7461

See Med. Hist. Wilks book Md — page 26.

Diphtheria.

Presented by Asst. Surg. DeWitt C. Peters U. S. A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of larynx and a portion of the trachea laid open posteriorly; lined throughout by a thick diphtheritic membrane, which is loosen'd and turned up at its edges.

The following history of the case is furnished by Dr Peters.

Baldwin in bed by letter

Sergeant Geo W. Baldwin Co "F" 14th Conn. Vols. admitted July 15th 1863. wounded through both hips at the battle of Gettysburg. Had suffered from chronic diarrhoea six months before he was wounded, was very much exhausted and the wounds were in a most unhealthy state. His diarrhoea was checked by tonics and liberal diet, and he was supported by stimulants: the

Hist. Key by letter Asst. Surg. John Dickson

wounds never assumed a healthy character, notwithstanding cauterization and stimulating fomentations.

On the 12th of August he complained of sore throat; the uvula and tonsils were very much congested, and a solution of nitrate of silver was applied, and chlorate of Potassa was given internally.

On the 14th diphtheritic patches were spread over the throat, and large flakes were removed by the local application; but the false membrane extended down the larynx and trachea, and he died Aug 15th.

Post mortem confirmed the above account.

Autopsy

No 15

7462

Diphtheria.

Presented by Dr H. Rowe

The specimen consists of larynx, and a portion of trachea, laid open posteriorly, and lined by thin diphtheritic membrane.

No 16.

7463

Tubercular cavities in the lung.

Presented by Act Asst Surg S. R. Skillern U.S.A.
Summit House General Hospital
Philadelphia Penna.

The specimen consists of a portion of the upper lobe of the right lung, with several tubercular cavities, the largest the size of a walnut; the cavities communicate with each other, the intervening lung tissue is

infiltrated with crude tubercle.

The following history of the case is furnished by Dr. Skillern.

Private Jacob Jackson, Co "B" 107th New York Vols. aged 45 years, was admitted to ward "C" Summit House Hospital October 18th 1862. his symptoms indicating Phthisis pulmonalis, from which (according to his own statement) he had been suffering one month, having in that time been reduced from robust health to a living skeleton, and as he states, without at any time having hemorrhage. Patient at time of his admission, was scarcely able to walk around the yard, which he did for a short time every fine day until November 15th, when a slight exposure caused a change for the worse, and he continued to sink until November 28th 1862. when he died.

but in a few days improved in health & spirits so much as to walk around the yard

Post mortem 20 hours after death, revealed extensive cavities in both lungs, together with tubercular infiltration of the tissues, and gray semi-transparent granulations, as also yellow miliary tubercles, showing beautifully the different stages of the disease.

Nos 17, 18, & 19. Tubercles of the testicles and bronchial lymphatic glands.

155461 | 1283A1
65 54132

7464 to 7466

7464 & 5 are liver specimens 7465

Admitted Aug. 10 62. Diagnosis - Diarrhoea

Presented by Dr. Joseph Leidy,
U. S. A. General Hospital
West Philadelphia. Penna.

The patient Carl Darlinger. Co "E" 29th New York Vols. died Sept. 21st 1862 of Chicahominy diarrhoea.

No 17. Is the right testicle, laid open from before, presenting numerous tubercular masses, especially in the anterior and inferior portions.

No 18. Is the left testicle of the same man, laid open from before, presenting two large tubercular masses in its

inferior portion.

No 19. Is a mass of the bronchial lymphatic glands from the same patient, filled with calcareous concretions.

The following details of the Post-mortem are furnished by Dr. Leidy.

Age 32, body extremely emaciated; and the skin exceedingly ecchymosed, especially over the region of the liver. Right lung with old adhesions to the costal pleura. Recent congestion in both lungs, which were black in section, but every-where pervious to air. In both there were a few calcified, dry and chalky tubercles, about the size of peas. The black bronchial glands contained calcified deposits. The heart exhibited the remains of an old pericarditis, by granular roughness on the right auricle, and an attachment between the front of the right ventricle and the pericardial sac. Liver. dull brown, with slate colored patch below, and slate colored spots in section, about the size of a quill. On both lobes there were several tumors the size of shell-barks, white and firm. These beneath the microscope exhibited a fibro-plastic character. Gall bladder distended with about five fluid-ounces of bile. The spleen larger than usual, was black in section. The lymphatic glands at the head of the pancreas were enlarged, and contained dry chalky deposits. The mesenteric glands, somewhat enlarged, were inflamed, but contained no abnormal deposits. Kidneys presented nothing unusual. The supra-renal bodies were brownish in section, with a darker brown medulla. Stomach with characters of gastritis; the inflammation occupied the middle portion, and extended from the small curvature downward in front and behind; the mucous membrane also presented several ecchymosed spots. Inflammation of the duodenum, and jejunum, extending in a less degree into the commencement of the ileum, which at the lower part appeared entirely free; the very reverse of what has been so repeatedly observed in my former examinations of patients dying of Camp diarrhoea.

There were fifty conspicuous ~~agminated glands~~ Peyer's patches, besides a number of ~~small ones~~ solitary follicles about one line in diameter; all of them, ~~together with the solitary glands~~ contained black deposits. Intense inflammation in the coecum, and six small patches, rather less violent along the course of the colon, with the intervening space with slight inflammation, or healthy. Solitary glands healthy, and without black deposits.

Testes, hard and irregular; the right one being much enlarged. Both presenting tubercular masses, the right one presented an accumulation of a bloody pus-like liquid upon the surface of the gland, below the tunica albuginea.

Not according to post-mortem -

Nos 20, 21, & 22.

6581576

7467 to 7468

Kidneys and bladder. (Chronic nephritis)

G. V.

Presented by Medical Cadet Kingston U. S. A.
Douglas General Hospital
Washington D. C.

No 20 Is the left kidney, the pelvis of which has distended into a single large multilocular cyst; the medullary substance has disappeared and the cortical is reduced to a layer about two lines in thickness. (dilatation from stricture or obstruction of ureter on that side?

No 21 Is a section of the right kidney of the same patient, it is enlarged and fatty.

No 22 Is the urinary bladder of the same patient laid open from behind; it is thickened, and considerably diminished in size.

Repeat shows nothing abnormal

The patient from whom these specimens were taken, Corpl J. Hartly, Co. "C" 42 N. York Vols. entered the Douglas Hospital Sept 15th and died Oct 21st 1862: he was treated for camp diarrhoea. The state of his kidneys did not

attract attention during life.

No. 22.
1652 Nov. 20.
7469

Double kidney.

No 23.
6551 a 6
7470

Presented by Asst Surg F. S. Dade U. S. V.
U. S. A General Hospital No 3.
Beaufort S. C.

The specimen consists of two complete kidneys, fused together by an isthmus about an inch and a half across; each kidney has its ureter and blood vessels complete.

Admitted Dec. 9th. 1864 with dysentery and debility. Died Dec. 25th. of chronic diarrhoea.

The patient Corpl. Isaac Wike Co "F" 55th Pa. Vols. was treated for chronic diarrhoea.

The autopsy revealed extensive ulceration of the colon and rectum. The double kidney above described, lay according to Dr. Dade, in the right lumbar region.

No 24
6483 B1
7471

Invaginated intestine.

Presented by Asst Surg E. B. Chapin U. S. V.

The specimen consists of a portion of small intestine, with two invaginations at different points; no lymph formation, or other evidences of inflammation present.

No 25

b253B2

7472

Enlarged mesenteric glands.

Presented by Hospital Steward A. J. Schaffhirt U.S.A.
Army Medical Museum
Washington D. C.

The specimen consists of a number of mesenteric glands varying in size, from that of a pea to that of a large chestnut. The patient from whom it was taken died of diarrhoea.

No 26.

b4847b1

7473

Enlargement of the malpighian corpuscles of the spleen.

Presented by Asst Surg. J. W. S. Gouley U. S. A.

The specimen consists of the spleen of a patient who died of typhoid fever; macerated and washed to remove the pulp. Many malpighian corpuscles of the size of small shot can be observed.

Nos. 27. 28. & 29.

b5216b3

7474 to 7476

Cystic disease of the kidneys.

Presented by Surgeon Jos. S. Hildreth U. S. V.
Judiciary Square General Hospital
Washington D. C.

No 27. Is the anterior half and No 28. the posterior half of the left kidney; the kidney is considerably enlarged, its weight before immersing in alcohol

was fourteen ounces. In its substance innumerable cysts are seen, varying in size from that of a pin's head, to that of a chestnut.

No. 29. Is the right kidney of the same patient laid open: this kidney is much larger than the left; its weight before immersing in alcohol was 24 ounces. It is filled with cysts, the largest of which attains the size of an English walnut.

The patient from whom these kidneys were taken Priv. A. A. Edgerton. 2nd Comp. Vermont Sharp-shooters, died in the Judiciary Square Hospital Dec. 25th 1862. of Chronic diarrhoea.

Extensive ulcerations of the colon were found on the autopsy. No perceptible disease of the mesenteric glands. The kidneys were in the state above described. The attention of his attending physician had never been called to the kidneys during life. The urine had not been observed.

Rec'd Army. Jany 1863. Entered Jany-63

See Microscopical Section, Nos. 2543 to 2550 and 2638 and 2639.

Nos. 30 & 31.

6483 B 243.

7477 to 7478

Invaginated intestine.

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

Each specimen consists of a piece of small intestine with a well-marked invagination. There is however no inflammatory action, lymph formation, nor other structural lesion present.

Wounded August 1862 Virginia-Retired

The patient from whom these specimens were taken Private J. W. Chubbuck Co. "G" 49th New York Vols aged 30 years, died in the West Philadelphia Hospital October 15th 1862. of Chronic diarrhoea.

The following account of the Post-mortem is furnished by Dr. Leidy.

Body much emaciated. Organs of the chest healthy. Liver and stomach healthy. Spleen small and lake-red in section. The small intestine presented four intussusceptions. The mucous membrane was continuously intensely inflamed excepting in the duodenum and commencement of the jejunum. The large intestine was extremely contracted, not being more than one inch in diameter throughout, except at the coecum and ascending portion for four inches in length, which was about two and a half inches in diameter. It contained considerable clay colored fæces. The mucous membrane was but much intensely in the ascending colon. inflamed throughout. Solitary and agminated glands containing black matter.

No. 32.

61 S2 A 2
747!
No. 32. C.
Sick

Cerebro spinal meningitis.

Presented by Surgeon Clayton A. C. Cowgill U. S. V.
Academy General Hospital
New Bern N. C.

The specimen consists of the medulla oblongata and cerebellum, the latter somewhat broken in removing it from its position; the lymph masses which originally coated the medulla oblongata, were to a great extent washed away during the transportation of the specimen from Newbern to the Museum.

The specimen was one of a series of morbid preparations illustrating the epidemic of Cerebro spinal meningitis in North Carolina during the early part of 1863, most of which were so completely spoiled during transportation that they could not be preserved.

for North Carolina Exhibition — see Vol. No. 1 — page 81. Spencer reporting surgeon Asst. x brought to Med. Mus. 1863.

No 33.

Sec 1 B 2 A 3.

7480

No. 33. Edw
ing of Feby

of
at.

Cerebro-spinal meningitis.

Presented by Surgeon A. C. Cowgill U. S. V.
Acting A
Academy General Hospital
New Orleans La.

The specimen consists of a piece of the cerebrum, on one portion of which is a thick and opaque layer of lymph.
The case belongs to the same epidemic as No 32.

No 34.

Sec 1 B 2 A 4.

Cerebro spinal meningitis.

7481

Presented by Surgeon Benj Woodward
22nd Illinois Vols
General Hospital, Nashville, Tenn

The specimen consists of the medulla oblongata and cerebellum, the upper surface of the latter covered with a thin layer of lymph.
The following history of the case is furnished by Dr. Woodward.
Private C. V. Woodland Co. "F" 15th Ill. Vols. was brought from Camp Sept 13th 1863. He complained of severe pain in the head; mind wandering; vertigo, gait staggering, pulse 120 small and quick, last two days of life paralysis of lower extremities, and the last 24 hours total paralysis.
He died Sept 18th 1863.
Sectio Cadaveris. 12 hours after death.
Body well nourished. Head; vessels of membranes enlarged. and full of black blood. Dura and Pia-mater thickened. and nearly opaque. As soon as the dura-mater was cut serum flowed in a stream. Lateral ventricles contained two ounces of turbid serum, which also flowed from the spinal canal. Vessels of the cord, as far as examined, which was to the 7th cervical vertebra, slightly injected.

Nos 35 & 36.

61 S1 63 + 64

7482 & 7483

Tubercles of the cerebellum and of the membranes of the brain.

Presented by Surgeon Goldsmith U.S.V.
Louisville Ky.

No 35. This specimen consists of the medulla oblongata and cerebellum, on the upper surface of the latter, about one inch to the left of the median line, is a single isolated tubercle, spherical in shape, and half an inch in diameter

No 36. This specimen consists of a portion of the dura-mater of the same patient, with two isolated tubercles, somewhat smaller than the last, situated on the inner surface of the dura mater, in a position corresponding to the right side of the same cerebellum.

No 37.

64 S5 H1

7484

See Med. Case Book of Dr. Miller page 26.

Distended gall-bladder.

Presented by Asst. Surg. De. Witt. C. Peters U.S.V.
Jarvis General Hospital
Baltimore Md.

The specimen consists of a gall-bladder, considerably enlarged, from a soldier laboring under chronic diarrhoea, and who died of delirium tremens.

The following history of the case, is furnished by Dr. Peters.

Pvt. Jos. Fair Co. "L" 14th Pa. Cav., aged 52 years, admitted July 25th 1863. with delirium tremens and diarrhoea, for which he was treated, but gradually sank and died Aug 3rd 1863.

Autopsy by Asst. Surg. B. B. Miller. 10 hours after death.

Sepalized

Found the lower lobe of the right lung ~~suppur-~~

~~elect.~~ The liver was hypertrophied, and the gall-bladder enormously enlarged (from 6 to 8 inches in length) There was ulceration with perforation of the ileum.

No 38.

65548B

4485

Tubercular disease of the testicle.

Presented by Asst. Surg C. C. Byrne U. S. A.
Armory Square General Hospital
Washington D. C.

The specimen consists of a testicle laid open from before, a large tubercular mass exists in the superior portion of the testicle, smaller masses along the anterior surface, between the tunica albuginea and the gland. This testicle was removed by the operation of castration May 6th 1863.

Seven months previously the testis became enlarged, red, hard, and painful, fistulous orifices opened, and a foetid ichor was discharged.

Treatment consisted at first of a suspensory bandage, with the internal administration of Iodide of potass, and the local application of Tincture of iodine, strips of adhesive plaster etc.

Exterpation was finally determined on, and successfully performed.

Of the subsequent history of the man nothing is known.

Recd. A.M.M.M. 7 May 1863 – letter dated 7 May 6-63.

No 39.

B4 B3 B4

7486

Invaginated intestine.

Presented by Act. Asst Surg Elliot Cowes U.S.

Mount Pleasant General Hospital

Washington D. C.

The specimen consists of a piece of small intestine, with two invaginations; from a patient who died of Chronic diarrhoea. No lymph formations, nor other evidences of inflammation, marked the site of the invaginations.

No 40.

6452/65

7487

Scirrhus of the pyloric orifice of the stomach.

Presented by Surgeon J. H. Baxter U. S. V.

Campbell General Hospital

Washington D. C.

The specimen consists of the pyloric extremety of the stomach, arranged so as to show its inner surface. The pyloric orifice is surrounded by an irregular carcinomatous mass, the size of a small orange; ulceration has already made much progress.

No. 41.

61 S 207

Dr. Niles case books May 29.

Dr. Niles M.D.

7488

Osteophyte of the Pacchionian granulations

Presented by Asst Surg De Witt C Peters U. S. A

Davis General Hospital

Baltimore Md.

The specimen consists of dura-mater and the middle two-thirds of the longitudinal sinus and falx. On the left side of the median line towards the centre of the piece, is an irregular pacchionian granulation, three fourths of an inch in diameter the interior of which is converted into an irregular mass of true osseous tissue.

The following history of the case is furnished by Dr. Peters.

Private R. M. Hepman. Co. "F" 150 New York Vols, aged 41 years, was admitted July 9th 1863. with Chronic diarrhoea and general debility. He was doing well up to Aug 22nd when meningitis came on, and he sank and died Aug. 25th 1863.

Autopsy 28 hours after death.

Found the lungs and heart healthy. The liver and spleen soft and congested. Along the course of the ileum, were ulcerated patches with inflammation. On removing the calvarium, found close adhesions between the pia-mater and the convolutions of the cerebrum, with an unusual quantity of serum under the pia-mater. There was also an ossification encased in the pia-mater.

No 42. Abscesses in the liver.

Turned over to Surgical Section

7489

Presented by Asst-Surg. DeWitt C. Peters U. S. A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of a small portion of liver, in the upper surface of which is an irregular abscess about the size of a hen's egg.

The following history of the case is furnished by

6553B1.

Act. Asst. Surg. B. B. Miles U. S. A.

Private John Healey. Co. "A" 4th. New York Vols. was wounded in the left arm July 2nd 1863. at the battle of Gettysburg. Admitted July 4th 1863. Amputation performed July 28th 1863. Died Aug. 24th 1863. of pyaemia.

Treatment. Solution of quinine and whiskey, simple dressing, beef tea, and chlorate of Potash.

Autopsy. 24 hours after death.

Abscesses found in both lungs, and adhesion of the left lung. Several large abscesses found in the right lobe of the liver; one of them when opened contained four ounces of pus. Also a large abscess found under the sheath of rectus muscle, near pubis.

No. microscopical examination appears to have been made.

letter dated March 12th. 1864.

No 43.

6483 to 109

7490

Perforating ulcer of the coecum.
Chronic Diarrhoea. (After fever).

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia. Pa.

The specimen consists of a portion of coecum with large irregular superficial ulcers of the mucous membrane; one of these ulcers has perforated.

From Case Book.
Admitted Aug. 10/62.
Diagnosis - Debilitas.
Age 24. American.
Married. Died of Diarrhoea and Debility.

The patient Private Wm. F. Royal. Co. "K" 6th Maine Vols., supposed to be convalescent from typhoid fever, died suddenly Aug. 19th 1862, without symptoms of peritonitis.

The following account of the Post-mortem examination, is furnished by Dr Leidy.

The body apparently aged about 22 years, was very much emaciated, and the skin of the trunk

was somewhat diffusely ecchymosed. There were also bed-sores on the hips. The lungs and heart were natural. There was about a gill of liquid in the pericardium. The liver and spleen appeared natural. The stomach was contracted and empty, and some of the rugae along the greater curvature were highly injected. The mucous membrane of the ileum was inflamed, in patches, from a few inches to a foot or more in length. The agminated glands were thickened, and either white or reddened from inflammation, but none were ulcerated, nor did they appear to have been so. The solitary glands were inconspicuous. The mucous membrane of the colon was slate colored, with small red inflamed patches. It also presented a number of large ulcers extending to the muscular coat. One of the ulcers, within the coecum, was perforated. The perforation appears to have occurred just previous to death, as it had not given rise to peritonitis, except some injection of the peritoneum in the immediate vicinity of the aperture, in the right iliac fossa. Kidneys natural.

No 44.

64 03 B5

7491

Invaginated intestine.

Presented by Act. Asst. Surgeon W. L. Hammond Edwin Bentley U. S. V.
Div. No. 3 General Hospital
Alexandria Va.

The specimen consists of a portion of jejunum with a well-marked invagination; there are no anatomical evidences of inflammation having been developed by this condition.

The following history of the case was furnished by Actg. Asst. Surgn. W. L. Hammond U. S. A.

Private Simos Stork, Co. "I" 1st U. S. Engineers was admitted into hospital Jan. 10th 1864. from the Army of the Potomac labouring under Chronic diarrhoea. He was extremely emaciated, without appetite, the stools were foetid and scanty; there was no vomiting. The treatment consisted of stimulants and opiates, with milk diet. The patient did not complain of pain or uneasyness, but continued gradually to sink, and died January 15th 1864.

The autopsy showed ulceration of the mucous membrane in the small and large intestines, disease of the mesenteric glands, and enlargement of the spleen. The jejunum was invaginated in two places, the gall-bladder was empty. The remaining organs were healthy.

No 45.

64 S 3 A6

7492

Invaginated intestine.

Presented by. Asst. Surg. De Witt C Peters U. S. A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of a piece of jejunum presenting a well-marked invagination, but without any evidences of existance of inflamatory action. Invaginations of this kind have been of very frequent occurence in cases of Chronic diarrhoea during the present war. No symptoms are developed during life. After death besides the usual pathological conditions, one or more invaginations are found. These are believed to be formed during the last

moments of life, and to have no connection whatever with the fatal issue. They are phenomena of the "agony".-

No. 46.

65 A1 N1

J493

Fatty kidney.

Presented by Surgn. Edwin Bentley U.S.V.
Div. No. 3. General Hospital.
Alexandria Va.

The specimen consists of the anterior half of the right kidney; the cortical substance considerably thickened. The appearances of this kidney when fresh, are represented in the drawing. Medical series No . The surface of the kidney was of a light yellow; mottled by the course of the congested blood vessels; on a section the cortical substance was found to be pale-yellowish, thickened and streaked by the congested veins, pyramids natural.

Microscopical examination showed a granular condition of the epithelium of the tubuli uriniferi; many of the cells contained fat globules; hypertrophy of the intertubular connective tissue was just appearing.

This condition of the kidney is common among soldiers who die of various diseases; especially those who die of fever, diarrhoea, or other zymotic affections; albumen may or may not be present in the urine.

The patient in this case Priv. Eli Jacobs Co "B" 109 N.C.V. was admitted into hospital January 22nd 1864. labouring under pneumonia. On the 9th of February a diphtheritic appearance of the throat, made its appearance, and the patient died February 15th 1864.

Treatment consisted at first locally of warm fomentations, afterwards of cups and a blister. Internally tartar emetic, opium, and expectorants, were

resorted to. After the diphtheria made its appearance tincture of iron and chlorate of potass were given with a nourishing diet, and nitrate of silver was applied to the throat.

On the Post-mortem examination; the fauces and larynx were found covered with a diphtheritic layer. The lower lobes of both lungs hepatized, extensive adhesions between the pulmonary and costal pleura, and both kidneys in the state described for this specimen.

No 47.

L4 D3 N2

7494

Taenia solium.

Presented by Act Asst. Surg. J. F. Kennedy U.S.A.
Seminary General Hospital
Georgetown D. C.

The specimen consists of about 25 feet of the worm, with the head attached to a black horse hair.

The following history of the case, is furnished by Dr. Kennedy.

Prov. J. J. Burdick Co. "F" 96th N. Y. Vols, aged 29 years. was treated last winter (prior to enlistment) for tape worm; saw the joints in his stools three months since. I have watched him closely for several weeks since he entered the hospital. Had on an average of three stools daily for three months, passing on an average, ten joints, half an inch long at each stool, making with the addition of this specimen; 25 feet long, about 1440 feet.

The patient was very little emaciated, appetite variable, has vomited since here, several lumbricoid worms, which have troubled him a great deal.

Treatment. Gave him to destroy the taenia

an infection of a drachm of sulphate of quinine in a pint of water, followed in three hours ~~with~~ by 20 grains of calomel, it had the effect of destroying the lumbricoides, but did not affect the taenia.
Gave him in two weeks afterwards, an ounce each of castor oil and turpentine, which was taken at one dose. In five hours afterwards this specimen was voided dead. The patient had no bad symptoms from the medicines, and is doing well.
Aug. 6th 1862.

No 48.

Taenia Lata.

7495

Presented by Hospital Steward J. F. Cramer
Judiciary Square General Hospital
Washington D. C

The specimen consists of nine individuals, each varying from two to five feet long.
The following history of the case is furnished by Mr Cramer.
Private J. H. Osborne, born in America, 25 years of age, states that three years ago while in Texas, he noticed in his evacuations particles of worm, and applied for treatment to Dr Ford, who gave him Oil of turpentine; he passed at that time some 9 feet and six inches. Has since passed at various times during the last three years, without exageration some 300 feet without any medicine he has frequently passed parts varying from five to twenty-five feet, and states that the only inconvenience has been his great appetite, which is uncontolable, and that although he eats great amounts he does not increase in flesh but continues very lean and delicate.
The remedy which caused the present specimen to

be voided, is not stated, nor is the subsequent history of the patient known.

Lectr dated March 10th. 1863.

No 49.

64 b3 n4.

7496

Taenia solium

Presented by Surgeon Geo. F. French U. S. V.
U. S. A. General Hospital No 3.
Vicksburg Miss.

The specimen consists of two portions of worm, one fifteen and the other one foot long.
No history has been received.

No 50.

64 b3 n10

7497

Taenia lata.

Presented by Act. Asst. Surg J. E. Wilson U. S. A.
Jackson General Hospital
Memphis Tenn.

The specimen consists of two pieces 35 feet long without the head.
The following history of the case is furnished by Dr. Wilson.

Vide "B" 26. Dec.

Henry King, a year ago, was treated for tape worm by the Surgeon of his regiment, who gave him as he says, large doses of turpentine; fifty or sixty feet of the worm were expelled. From that time until he came to Jackson Hospital in July, he passed, so he says from time to time, pieces of tape worm varying in length, in all amounting to 200 feet. Since he has

been in the hospital in my ward he has taken several times, large doses of turpentine and castor oil, and has passed altogether seventy-five feet.
From all I can learn of the history of the case the head of the worm has never come away.
At the present time the patient is in better health than he has been at any time for a year.

No 51.
1483 m 11
7494

Taenia lata.

Presented by Hennell Stephens M. S. S. U. S. A.
Memphis Tenn.

The specimen consists of several pieces of worm 80 feet 8 inches long.
Mr Stephens states that he found this specimen among his medical stores at Memphis when he took charge. History unknown.
Letter dated Feb. 4-64.

No 52
b2 S1 A3
7499

Calcareous deposits in the tricuspid valve of the heart.

Presented by Act. Asst. Surg. G. W. Fry U. S. A.
Patterson Park General Hospital
Baltimore Md

The specimen consists of the tricuspid valves, with some of the tissue of the heart attached; irregular masses of calcareus material have formed near the base of the valves.

Dr. Fry says that the patient Private John English of the Purnell Legion, died Oct 17th 1862, having suffered for about 20 hours with violent palpitation of the heart.

On Post-mortem examination the heart was found to be hypertrophied and dilated, a large quantity of adipose tissue on its surface, and a considerable quantity of fibrin was found in the right ventricle.

No 53. Connective-tissue tumor attached to ileum.

641451

7500

Presented by Asst Surg C. J. Kipp U. S. V.
General Hospital No. 5.
Nashville Tenn.

The specimen consists of a spherical tumor, three fourths of an inch in diameter, attached by a small peduncle half an inch in length to the peritoneal surface of the ileum. The tumor is composed of connective tissue, with irregular calcareous deposits, giving it a bone-like hardness.

The specimen was found by Dr. Kipp in the Post-mortem examination of Priv. Ephraim Lambert Comp. "F." 92nd Ill. Vols. who had suffered for some six months with Chronic diarrhoea.

Admitted October 17th 1863, age 21 American. Dies Nov. 12th.

Dr. Kipp has furnished the following account of the Post-mortem examination.

Sectio Cadaveris 26 hours after death.

Great emaciation. Pleuritic adhesions on left side. A few hard calcareous tubercles were found in the apex of the left lung, and softened tubercle in the upper lobe of right lung. Posterior part of both the lungs slightly congested. The pericardium healthy in structure. The latter weighed only,

Vide Heart

six and a half ounces. Both ventricles and auricles were filled with clots, which were partly of a yellow, and partly of a dark red color. Liver weighed two pounds and ten ounces. Its structure apparently normal. Gall-bladder distended with a light yellowish watery fluid. Spleen healthy and weighed four ounces. Structure of kidneys normal, right kidney weighed three ounces and its fellow four and a half ounces. Mesenteric glands much enlarged. A tumor was found of the size and shape of a hazel nut, very hard (indeed so hard that it required a chisel and hammer to split it) of a whitish color, excepting the upper part, which presented a dark bluish appearance; attached by a pedicle of a line in diameter and four lines in length, to the lower part of the ileum. It lay between the convolution of the small intestine. The pedicle and the membrane covering the tumor, seemed to be a continuation of the peritoneal layer of the ileum. Patches of inflammation were observed near the cardiac orifice of stomach. Mucous membrane of small intestine inflamed. Large and deep ulcers, with indurated and jagged edges, were found in the colon and rectum.

No microscopic examination of the tumor could be made, as we had no instrument at our disposal. It was however examined microscopically at the Museum, by Drs. Woodward and Curtis, and found to consist of connective tissue with calcareous deposits. No true bone found in it.

No 54.

A.F.I. Mus.

7501

Pericarditis.

Presented by Surg. Edwin Bentley U. S. V.
Div. No. 3. General Hospital
Alexandria Va.

See Virginia Section Vol. 7 page 42. Spec.

The specimen consists of the entire heart, coated over by an irregular layer of lymph.

letter dated Feb. 1-63.

6457 61 39

Nos. 55. 56 Ulcerated colon. Adhesions of the spleen.

57. 58. 59. (Chronic Diarrhoea).

40 41 42

6483 4

7502 to 7506 See application No. 15.

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

The specimens consist of the spleen and portions of the colon of Private William Powers, Co. "D" 1st U. S. Chasseurs, 65th N. Y. Vols.

No. 55. Consists of the spleen which is small, indurated and to the surface of which numerous shreds of new formed connective tissue are attached.

No. 56. Is a portion of the ascending colon somewhat thickened with patches of pseudo-membranous matter adherent to the surface; enlargement and ulceration of the solitary follicles.

See Microscopical Section, Nos. 6362 to 6365. and 7216 & 7218.

No. 57. Taken from farther down, along the same colon; presents more numerous, and better marked follicular ulcerations.

No. 58 Taken from transverse colon of the same patient, presents fewer enlarged and ulcerated follicles, but the pseudo-membranous patches are more abundantly present.

No. 59. Taken from the descending colon of the same patient; similar conditions are to be observed, the diseased follicles being less marked than in No. 58.

The patient from whom these specimens were taken, was received into the West Philadelphia General Hospital December 16th 1862. supposed to be laboring under Phthisis; he had suffered also from Chronic Diarrhoea. He was treated with Cod liver

, oil. Iron, stimulants, and morphia. Chalk-mixture and other astringents, were used to check the diarrhoea. Patient died February 5th 1863.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

Body extremely emaciated. About a gill of liquid in the pericardium. Heart somewhat enlarged, due to dilatation of the right ventricle, the walls of which were about two lines thick, and the cavity contained a large and recent white fibrinous clot. The right lung was healthy, and without old adhesions. The left lung for the most part was healthy, except that the inferior anterior angle was affected with Pleuro-pneumonia, forming an indurated mass the size of an egg, adhering by recent pseudo-membrane to the neighboring reflected pleura; the base of the lower lobe was affected by recent pleurisy, as indicated by engorgement of the subserous capillaries and a band of pure white pseudo-membrane about two lines wide fringing the lower and anterior margin of the lung. Inflammation of the tracheal and bronchial mucous membranes. Liver nearly uniformly brown on the surface and in section. Gall-bladder entirely empty. Spleen, small, indurated, and attached by old adhesions. Kidneys healthy. Stomach and small intestine distended with air, the lower fifteen inches of the ileum affected with pseudo-membranous inflammation. The agminated glands containing black deposits. The colon contracted, its mucous membrane exceedingly corrugated, inflamed, generally of a slate color, with darker patches and spots of the same, and pseudo membranous matter adherent from one end to the other; the pseudo-membranous matter adhered tightly, was fibro-granular in structure, and replaced the columnar epithelium, which appeared normal in the intervals of the pseudo-membranous shreds. The dark coloring was produced by the deposit of black globules, about half the size of blood disks and smaller. (Many of the solitary follicles were destroyed by ulceration.)

Nos. 60. 61. & 62. Ulcerated ileum and enlarged spleen; from a case of Typhoid fever. (Camp fever).

6483 8501 51 6457 62

7507 to 7509

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

Nos. 60 & 61. Are portions of the ileum. No 60. is from about the middle of the ileum, and presents two thickened fyerian patches, with a well-marked ulcer in each. No. 61 Is a piece of the same ileum taken from lower down; it presents five thickened patches with well-marked ulcerations. The ulcers in both these specimens, are irregular, with jagged overhanging edges; two of the thickened patches in No 61, present each two distinct ulcerations.

No. 62. Consists of the spleen of the same patient, enlarged to 9 inches in length, 5½ in breadth and 2½ in thickness.

The patient from whom these specimens were taken, Private Michael Kennedy, Co. I, 32nd N.Y. Vols., age 24., adjutant died in the West Philadelphia Hospital under the care of Dr. Penrose. August 18th 1862. of Typhoid fever.

admitted August 10th. 1862 Case Book of hospital. Co. I, 32d N. Y. Vols., age 24, Ireland, admitted August 10th. 1862. died of Typhoid fever.

The following account of the Post-mortem examination is furnished by Dr Leidy. Examination Aug. 18th.

The body presented a vigorous appearance, with but slight emaciation. Age apparently about 40 years. The organs of the chest were healthy, except that the right lung exhibited old pleuritic adhesions. The liver was cirrhosed, much enlarged, of a yellowish brown, and coarsely granular, the granules being about the size of pepper corns. The spleen was enlarged, being 9 inches long 5½ broad, and 2½ thick, but was of natural color and consistence. The mucous membrane of the ileum was reddened, and its lower agminated glands much thickened, and ulcerated. The upper glands were unaffected. The remaining organs appeared healthy.

Nos 63 & 64. Concentric atrophy of the stomach and ulceration of the colon. (Chronic Diarrhoea)

6452 a1 6452 a13

7510 to 7511

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

No. 63. Consists of the stomach contracted to a tube about an inch in diameter in the pyloric half, and about two inches in diameter at the largest point of the greater curvature.

No. 64. Consists of a portion of the descending colon considerably thickened, and presenting numerous ulcers of the solitary follicles, varying in size from a pin's head to three lines in diameter.

The following account of the Post-mortem examination is furnished by Dr Leidy.

Hart Exc. Book says: Co. K. 104th Penna Vo. age 30, American, married, admitted Aug. 9th 1862

Co. K. 104 Pa. Vols age 30, admitted Aug. 9th. 1862

The patient Pvt. Chs. Cramer, died August 22nd 1862 of Chronic diarrhoea. Examination Aug. 23rd.

The body appeared to be about 45 years of age, and was exceedingly emaciated. Considerable ecchymosis diffused over an extent of about six inches in the neighborhood of the scrobiculus cordis. There was a suppurating sinus about four inches long, between the scalp, temporal fascia, and frontal bone, extending from the front of the ear above the right side of the forehead. The bone was not necrosed, and the sore appears to have been the result of contusion. The organs of the chest perfectly sound. The liver healthy. The spleen unusually firm, and indian red in section. Stomach, in pyloric half contracted to an inch in diameter, and in a corresponding degree in cardiac half. Kidneys, sound. Small intestine moderately contracted. Ascending and descending colon narrowly contracted; transverse colon distended with air. Inflammation of the mucous membrane of the ileum and colon, and a number of blackish ulcers in the descending portion of the latter. No disease of the intestinal glands, except that

they contained a deposit of black pigment.
Note. This condition of the stomach has been not unfrequently found during the present war in cases of Chronic Diarrhoea.

No 65.
b3 d3 a5
7512

Large abscess in the lung.

Presented by Surgeon C. Page U. S. A.
Judiciary Square General Hospital
Washington D. C.

The specimen consists of the lower lobe of the left lung, in the most depending portion of which is a large irregular abscess. The pleural surface of the lung is covered with a thick layer of lymph, no tubercles are present.
At the time of the formation of these abscesses the patient was convalescing from Typhoid fever.

No 66.
b4 d2 b1
7513

Cancer of the cardiac orifice of stomach.

Presented by Act. Asst Surg. H. W. Ducachet U. S. A.
U. S. A. General Hospital
Fairfax Seminary Va.

The specimen consists of a lobulated carcinomatous mass surrounding the lower three inches of the oesophagus, involving also the diaphragm, and the cardiac orifice of the stomach.

No 67.

b 25184.

7514

Pericarditis.

Presented by Surgeon J. W. Bloom
87th Michigan Vols.

The specimen consists of a heart, the outer surface of which is covered with a thick irregular layer of lymph.

No 68.

b 23183.

7515

Pericarditis, (~~Pyaemia~~).

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

The specimen consists of the heart and pericardium, the outer surface of the heart, and the inner surface of the pericardium, coated with an irregular layer of lymph.

The patient Corpl. Wm Hinton. Co. "E" 5th Regt. Penna. Res. Corps, ~~23 years of age~~, was admitted into the Hospital July 1st 1862. with a gun shot wound, for which the right arm was removed at the shoulder joint. He died with symptoms of Pyaemia Oct. 4th 1862.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

Age about 23 years, no emaciation, oedema of the lower extremities. Right lung with adhesions at the upper and back part; at the lower part, together with the corresponding costal pleura and the diaphragm, covered with a thick layer of croupous lymph. The lung almost entirely collapsed; the heart pushed over nearly to the left of the median line. The pleural cavity

contained a quart or more of thick pus.
Left lung with recent pleuritic adhesions, and the pleural cavity containing over a pint of clear serum. Tissue of the lung healthy. Pericardium containing about six ounces of liquid, partially adherent to the surface of the heart, which was exceedingly roughened with pseudo-membranous lymph. Incipient cirrhosis of the liver; the right lobe of which was flattened above, at a right angle with the fore part of the same surface, apparently from the purulent accumulation of the chest. The remaining organs appeared natural.
The patient having had symptoms of Pyaemia; the left external iliac and femoral veins were found distended with a fibrinous clot; closely adherent to the walls of the veins. In several positions the clot appeared to be undergoing degradation into granular purulold matter.

Nos. 69 & 70. Medullary cancer of the pyloric orifice of the stomach, and ulceration of the colon.

64 82.4
64 83.54
7516 & 7517

Presented by Asst. Surg. G. M. McGill U.S.A.
Camp Allen. Falmouth Va.

No. 69. Consists of the pyloric extremity of the stomach, and a small portion of the duodenum, laid open, and exhibiting a group of mulberry like carcinomatous growths, seated on the mucous membrane of the stomach, near the pyloric orifice.

No. 70. Consists of a portion of the sigmoid flexure of the same patient; thickened, the coats

lardaceous with ulceration of the solitary follicles, and scattered pseudo-membranous patches.

The following history of the case is furnished by Dr. McGill.

Private Michael Byrne, Co. "C" 8th U. S. Cavalry had suffered from Chronic diarrhoea, according to the register of the Hospital, for six months. When he came under my charge, shortly before his death, I observed his complexion sallow; extreme emaciation; no appetite; great thirst; occasional vomiting; pain in the epigastrium; fugitive pains in the abdomen, generally severe; tenderness on pressure over the colon; slight tympanites; frequent, generally painless passages, fluid and dark, of small quantity. Slight cough; faint, fine mucous rale on the right side in the mammary region; feeble action of the heart; wandering intellect; and great resignation.

He was 32 years of age, five feet eight inches in height. His father had died of a lingering disease. He was first ill in July 1860. He died 6 P. M. April 11th 1863.

Post-mortem. four hours after death.

Lungs. Small portion carnified in upper anterior part of left lung. Hypostasis semi-solidification and friability posteriorly in the lower lobe of the side. Melanic matter abundant. In the pleura, which was somewhat thickened, there were numerous white specks resembling opague miliary tubercles. Two ounces of clear liquid were found in the pericardium. The heart was small. Small dark clots were found in both ventricles. The cardiac tissue was flabby. The liver was of natural size. It was coarsly mottled, and had a yellowish ash color. The capsule was readily detached, the substance which was friable and soft. The gall bladder was distended with a clear straw-colored fluid. The pancreas was of light color, and decidedly softened. The mesenteric

glands were much enlarged, nearly pure white on section, of a lardaceous substance, central or internal portion softened. The kidneys were small but normal. The spleen was somewhat large, capsule thickened and detached with remarkable ease. The stomach was enlarged; near the pyloric orifice the mucous membrane presented a large tumor looking like a bunch of projecting ulcerated piles. The small intestine was healthy. In the large intestine ulcers were abundant from the coecum to the anus. They were observed in greatest number in the sigmoid flexure and rectum. The walls of the gut were thickened and consolidated, the section being uniform, and of a clear white color.

This history is not found with original.

Letter dated April 12th. 1863.

64 83 to 65

Nos. 71. 72. 73. 66 67

& 74. 68

7518 to 7521

Ulcerated colon; from Chronic Diarrhoea.

Presented by Asst. Surg. F. T. Dade U. S. V. (Wm Thos)
U. S. A. General Hospital No. 3.
Beaufort S. C.

These specimens consist of successive portions of the colon, from a patient who died of Chronic Diarrhoea. The intestine is excessively thickened, lardaceous; the whole surface of the mucous membrane irregularly eroded with superficial ulcers; the scanty intervening portions of the mucous membrane thickened, giving to the whole a granulated appearance. The following history of the case is furnished by Dr. Dade.

Private Alonzo H. (Ann) House Co. G. 8th Maine Vols, was admitted into this Hospital November 16th 1862. with Chronic diarrhoea. He was very much emaciated and had been

suffering with this disease for about two months. His symptoms, were frequent and copious evacuations, without fever or tenesmus. Skin dry. Urine scanty and high colored. He complained of pain in passing it. Pain extended along the whole track of the colon. There was some little nausea, and a sinking sensation in the abdomen.

Treatment: He was given a hot bath at first and rubbed well with coarse towels. A blister was then applied over the entire track of the colon. Injections of laudanum, and starch water were thrown up the rectum three times daily. He took by the mouth, half a grain of opium, three grains of camphor, and two of quinine, every three hours. "Egg-nogg" was given him every two hours.

His diet was of the most nutritious kind, consisting of beef-tea, hard and soft boiled eggs, boiled meats, toast, and butter. Upon this treatment he improved rapidly for several days. His stools were less frequent, pain disappeared, and I thought he would soon recover, but he became suddenly worse. Had more pain, and more frequent and slimy stools.

I then commenced the injections of nitrate of silver (10 grains to the ounce of water with a little laudanum,) and had the liquid thrown well up the bowels. This treatment did good for a few days, when he suddenly became worse, and died the evening of Dec. 4th 1862.

The autopsy revealed extensive ulceration of the colon and rectum, and a large amount of croupous lymph deposited upon the surface. No lesions were found in any other organs.

Letter dated Jan. 5th. 1863.

No 75.

6483&40

7522

Typhoid ulcers of the ileum.

Presented by Surgeon C. Page U.S.A.
Ist. Div. ~~Wolf Street~~ General Hospital
Alexandria Va.

The specimen consists of a portion of the ileum, with two large and thickened Syerian patches, and two small ulcers with elevated and thickened edges, based upon morbid conditions of the solitary follicles.
The patient had suffered from symptoms of typhoid fever, but without diarrhoea; the ileum nevertheless, was found ulcerated after the usual fashion. The most prominent complications of the disease, had been, the urgent head symptoms; the brain however was not examined.

No 76.

6483I62

7523

See Dr. Wilks Report Med. page 26.

Ulceration of the ileum from Chronic diarrhoea.

Presented by Asst. Surg. DeWitt C. Peters U.S.A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of the lower four inches of the ileum, and a part of the caput coli; the ileum is thickened and ulcerated; the ulcers about twenty in number, extend through the sub-mucous connective tissue to the muscular coat; they vary in size from one to eight lines in long diameter, the edges are rounded, thickened, and overhanging. In their characters these ulcers are utterly diverse from those of typhoid fever, as may be seen by comparison.
The following history of the case is furnished by Act. Asst. Surg. F. Hinkle U.S.A.

Private Gilbert F. Sherwood Co. "K" 144th N. Y. V.
Admitted July 20th 1863 with Chronic diarrhoea.
About the first of August his case assumed a typhoid type; & low delirium set in, which was greatly relieved by a large fly-blister over the epigastrium, and ice to eat or suck constantly, afforded much relief.
The treatment consisted at first of Hope's mixture, afterwards of Muriatic acid, and he was supported with tonics, quinine, ~~and~~ beef-tea &c.
He died August 21st 1863.
Post-mortem examination 12 hours after death.
Found the whole of the intestine inflamed, especially the caput coli, and 20 inches of the ileum.
The mucous membrane presented a deep red color with many patches of ulceration.

No 77.

7524

Perforation of the ileum.

Presented by Surgeon H. W. Ducachet U.S.V.
Seminary General Hospital
Georgetown D. C.

The specimen consists of a portion of ileum, on the mucous surface of which are several excavating ulcers; two of these have perforated into the peritoneal cavity, the peritoneal surface of the piece is coated with croupous lymph, developed in the consequent peritonitis.
The following history of the case is furnished by Dr Ducachet.
"Lieut. J. W. Lowe. Co. "B" 9th New York Cavalry, admitted into Hospital Sept. 21st 1863 having received a blow on the back of the neck from a rebel musket, at Brandy Station, Aug. 1st 1863.
At the time of his admission, the only thing that

he complained of was stiffness of the neck, which was somewhat swollen, and painful for a short distance down the spine. His general health was good, and on the 30th. of September he received a "Leave of absence" for 30 days.

He returned Nov. 11th. much improved, and stated that during his absence he had had an attack of diarhoea, which lasted only a few days; the attack was preceded by vomiting and attributed by him to something which he had eaten disagreing with him.

On the 18th of November he was out, went down to his meals, and expressed himself as feeling able to rejoin his regiment; at midnight the Officer of the day was called to see him, and found him with a violent pain in the testicles, without swelling, but with great tenderness; an opiate, and anodyne lotions relieved him, and he fell asleep but awoke about daylight, vomiting a pale green liquid matter, and with great tenderness over the region of the stomach. The abdomen soon became tympanitic, the pulse sank, the vomiting became constant, and the countenance livid and anxious. A blister was applied over the seat of the greatest tenderness, and laudanum in injection, as he could retain nothing given by the mouth. At 12 oclock M, of the 19th. the blister having drawn, the attacks of vomiting were less frequent, and he was able to swallow small quantities of brandy and water with half a grain of morphia; and he expressed himself as feeling somewhat more comfortable; the pulse however was scarcely perceptible, and the face and hands were covered with cold sweat; vomiting continued at intervals; he sank and died at 3½ P.M. Nov 19th 1863.

Post-mortem.

Thoracic viscera healthy. On opening the abdomen, pus to the amount perhaps of two ounces, was found in the peritoneal sac. The ileum was the principal seat of the disease, although the whole of the small

intestine, was in a state of acute inflammation; the ileum was perforated in several places, some of the openings being large enough to admit the end of the little finger. The inflammatory condition extended to all the abdominal viscera and how this state of things existed, without symptoms for a longer period than fifteen hours, I am at a loss to explain or conjecture.
The patient was not emaciated; on the contrary he had gained in flesh during his visit home. I am informed by his brother, who came for his remains, that he had complained at times of pains in the bowels, but they were so slight as not to attract much attention, and were usually relieved by a draught of warm ginger tea."

No 78.

b483 b49

7525

Follicular ulceration of the colon, from Chronic Diarrhoea.

Presented by Asst. Surg. W.m H. Gardner U.S.A.
Hammond General Hospital
Point Lookout Md.

The specimen consists of a portion of the transverse colon with pseudo-membranous patches. Scattered over the mucous surface are numerous small ulcers, resembling the cavities made by a punch, and corresponding to the site of the closed follicles.
The Patient a rebel prisoner of war. Priv. B. H. Shaw Co "L" 3d South Carolina Regt. was admitted into the Hammond Hospital Oct 31st 63 labouring under Chronic diarrhoea of five months standing. The disease continued to progress in spite of treatment until Nov. 1st when he died.

6483 8444 45

Nos 79 + 80 84

7525 & 7527

Typhoid disease of the intestine. ~~and gangrene of the feet.~~

Presented by Asst. Surg. Wm. Thompson U. S. A.
Douglas General Hospital
Washington D. C.

No 79. Consists of a portion of the upper part of the ileum, presenting a single long, oblong, and thickened Pyerian patch.

No 80 Consists of a portion of the same ileum, somewhat lower down, presenting two thickened and ulcerated Pyerian patches, and two smaller ulcers corresponding probably with the solitary follicles.

[redacted] anterior portion of the metacarpus being in a

No 81 gangrenous condition with outline of demarcation. These specimens showed so little after hardening in alcohol that they were preserved.

7528 The patient from whom these specimens were taken, Priv. J. Loveland Co. G. 4th Vermont Vols, entered Douglas Hospital in a moribund condition and died the same day. He came from the Army of the Potomac. ~~The date at which the gangrene commenced is not known.~~

Nov 23-63

No 82 In the Post-mortem examination the usual

68 no 10.

7529 enteric conditions were found, as shown by the above specimens.

No 83. Ulceration in the appendix vermiformis (Chronic diarrhoea)

64 56 4 56.

7530 Presented by Asst Surg P. S. Conner U. S. A
University hosp. New Orleans La.

The specimen consists of the appendix vermiformis, laid open and presenting several ulcers on the mucous surface.

The patient G. D. K. Co. born in New Hampshire. aged 26 Knoxville Tenn. 1. 26 Mass.

years, was admitted into Hospital March 31st 1863 laboring under Chronic diarrhoea of many months standing. He died April 14th 1863.
Numerous ulcers were found on the Post-mortem, in the lower three feet of the ileum, and the upper portion of the colon, as well as in the appendix.

Nos 84 & 86 — Typhoid disease of the pyerian patches and solitary follicles of the ileum.

3531 to 3532

Presented by Dr Joseph Leidy
U. S. A. General Hospital
West Philadelphia Pa.

No 84 — Consists of a portion of the ileum showing well-marked thickening of the pyerian patches, and of the solitary follicles, but without ulceration.

No 85 — From farther down the same ileum, exhibits similar conditions.

The following account of the Post-mortem examination is furnished by Dr Leidy.

James Silzberg, Co ~~B~~ K 26th Penna. Vols, aged 20, admitted Dec 12th 1862 died suddenly Jan 22nd 1863. Examination same day. ~~Age about 45 years.~~
The body had the appearance as if the patient had been before his illness of great vigor and muscular strength but was now emaciated. Brain healthy. Right lung with old adhesions to the costal pleura, the apex with a tubercle the size of a large pea, and several small ulcerated cavities. Left lung with a few tubercles about the size of pepper grains in the apex, and scattered at the back part of the upper lobe. Pericardium with about a tea-cup full of liquid. Heart flabby, with a large white coagulum in the right ventricle. Spleen flabby, reddened, and roughened on the surface, (apparently

the evidences of an old inflammation) structure very soft. Solitary and agminated glands of the ileum, slightly enlarged and opaque. Colon with the mucous membrane soft, grayish, with a few red streaks of inflammation, and a few echymosed spots. Remaining organs apparently healthy.

No 86.

6483 I 61

7533

Ulceration of the ileum and coecum. (Chronic diarrhoea).

Presented by Dr Joseph Leidy
U. S. A. General Hospital
West Philadelphia Pa.

The specimen consists of the lower portion of the ileum and part of the coecum, on the mucous membrane of both of which are numerous irregular, excavating ulcers, with thickened and overhanging edges.

Case Book says: Irwin, age 25, English, admitted Dec. 18th. 1862. Died of Pneumonia.

The following account of the Post-mortem examination, is furnished by Dr. Leidy.

Richard Goggin Co. "E" 22 Mass. Vols, died Dec. 31st 1862, aged about 25 years. Body not much emaciated, skin waxen, no spots of purpura. Recent pleurisy with pseudo-membranous attachment throughout both lungs; besides a few old tubercles and several small cavities the size of filberts, at the apices of the lungs. Bronchitis. Enlargement of the bronchial glands. Heart soft, flabby and easily lacerable; its cavities distended with currant jelly-like clots. Liver soft, but otherwise apparently normal. Spleen of medium size, with condensation and blackening of portions of the structure (evidences of former inflammation). Stomach, pancreas, and kidneys normal. Lymphatic glands of the abdomen generally somewhat enlarged through an increase

to

Acute Tubercular deposit of recent origin throughout both lungs.

(Dec. 23-62)
4th Pa. Cav. Wm
98 Jones "
186 " "
30th " "

82
74

of the corpuscular element. Ulceration of the lower agminated glands. Most extensive ulceration of the mucous membrane of the coecum. A few small tubercles here and there in the walls of the much contracted colon. Ecchymosed spots in the ileum, and small irregular patches at the ascending and terminal portions of the large intestine.

No 87. Enlargement of the solitary follicles of the ileum. (~~Diarrhoea~~)

L4533.

75 34

Presented by Dr Joseph Leidy
U.S.A. General Hospital
West Philadelphia Penna.

The specimen consists of a portion of the ileum with the solitary follicles somewhat enlarged.

The following account of the Post-mortem in this case is furnished by Dr Leidy.

Private S.S. Snyder Co "K" 132 Penna. Vols, aged ~~about~~ 21 admitted Dec 16 1862 28 years, died Jan. 9th 1863. Examination same day.

Body very much emaciated; skin ecchymosed on the trunk and extremities. Heart, lungs, liver, spleen, pancreas, stomach, and kidneys healthy. Mucous membrane of the ileum slightly inflamed; the agminated and solitary glands, white and slightly enlarged. Mucous membrane of the colon intensely inflamed throughout, softened, and every-where covered with a thin broken layer of white pseudo-membrane, adherent tightly. There were also a multitude of ecchymosed spots, not larger than flea-bites. The solitary glands were inconspicuous and appeared not to be diseased.

6453 ½ 1 to 3.

Nos. 88. 89. 90.

91 & 92

6454 & 2 6352 A1

75-35 to 75-39

Disease of the agminated glands of the ileum in the scorbutic form of Camp fever, with pleuro pneumonia. New formed connective tissue on the appendix vermiformis which has undergone cretefaction

Presented by Dr. Joseph Leidy

U. S. A General Hospital

West Philadelphia Penna.

Nos 88. 89 & 90 Are successive portions of the ileum, in each of which is an enlarged and thickened Peyerian patch. No 90 is especially remarkable on account of the vast size, and pultaceous character of the thickening; a condition worthy of note in several other specimens of this collection as allied to a scorbutic condition of the constitution.

No 91. Consists of a portion of the coecum, and the appendix vermiformis. At the extremity of the appendix were numerous tumefactions of connective tissue hardened by calcareous deposits.

No 92 Is a perpendicular section of the left lung showing pleuritic adhesions of the surface and partial hepatization of the lower lobe.

The following account of the Post-mortem in this case, was furnished by Dr Leidy.

Thos. Kelley, Co "I" 126 New York Vols. died Dec. 19th 1862. at 1 P. M. Examination afternoon of 20th.

Body not emaciated; age about 28 years. Upon the body, especially the thighs, there were a number of irregular spots of purpura from the size of a flea bite to that of a dime. The blood was very liquid and poured forth from incisions of the skin and all the internal organs. Pleuritic adhesions throughout on both sides of not very old date. Left lung crepitant but engorged with a bloody liquid. The upper lobe of the right lung its lower lobe partly hepatized hepatized; the lower lobes congested. Liver soft, indian red in color and large.

Spleen, large, flabby, and in section dark indian red. Its convex surface exhibited the remains of a former inflammation. Stomach, pancreas, kidneys, and supra-renal bodies healthy. Small intestine pink in color, the agminated glands thickened and mostly bright red in color; The lower glands were a line in thickness, and contained a white cellular deposit. None of them were ulcerated. Mesenteric glands somewhat enlarged. Mucous-membrane of the large intestine dirty slate colored, with streaks of inflammation here and there.

The patient entered the Hospital Dec 12th with diarrhoea, on the 18th he was moving about, and in the evening ate his supper with the other patients The same night he was slightly delirious. The brain was examined, but exhibited no unhealthy marks. On a later examination of the removed viscera several connective tissue growths hardened by calcareous deposits were found at the extremity of the appendix vermiformis; and slight aethero-ma of the aorta was noted.

Nos. 93. 94. 95. 96, 97 & 98. — Very slight enlargement of the agminated follicles of the small intestine (Camp fever.)

7540 to 7545

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

These specimens consist of a series of pieces taken from successive portions of the ileum, showing enlargement and thickening of the ~~closed~~ solitary follicles. The enlargement of these glands is as usual more decided in the specimens taken from the lower

portions of the ileum.
The following account of the Post-mortem examin-
-ation is furnished by Dr Leidy.

Admitted Dec 16/62
Army Potomac
Chronic Diarrhoea

Corpl. George Stearns Co "H" 9th Regt Wis. Vols. died Dec. 2nd 1862, at 5c A.M. Examination in the afternoon of same day.
Age about 30 years; body rather emaciated, and chest and abdomen with a number of faint spots of purpura. Brain and heart healthy. No pleuritic attachments nor inflammation of the membrane. Lobular pneumonia in lower lobes of both lungs; the inflamed portions numerous, from the size of a marble to that of a walnut, and in the state of gray hepatization. Bronchitis. Stomach exceedingly contracted. Liver, apparently sound. Gall-bladder enormous, and distended with green bile. Spleen small but healthy. Pancr-
-eas and kidneys sound. Intestines inflamed throughout. Inflammation (?) of the small intestine increasing in intensity in the descent. The agminated glands slightly enlarged, and all dark-red with inflammation. The solitary glands looked like yellow mustard seeds sprinkled on a red ground. Large intestine stre-
-aked and spotted with ash color and dark red on a more uniform red ground, accompanied with softening of the epithelium (?) and spots of echymosis. The colon in this case as received in the museum shewed (in alcohol) no perceptible disease.

Nos 99. 100. & 101.
6483 & 31 32 33
7546 to 7548

Extensive enlargement of the agminated follicles of the ileum. (Camp fever).

Presented by Dr Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

The specimens consist of three successive portions of the ileum, presenting the characteristic thickening of the pyerian patches. In No 1. the large luxuriously thickened patch, taken from just above the ileo-cecal-valve, is the seat of several ulcerations.

The patient from whom these specimens were taken, Private Justin Seeley Co. "C" 73 Ohio Vols was admitted into the West Philadelphia Hospt.l Dec. 18th 1862. and died Jan 30th 1863. He was supposed by the physician in charge of the ward, to be suffering from Phthisis and valvular disease of the heart; a large cavity was diagnosed in the upper portion of the left lung, and extensive tubercular deposits in the upper portion of the right. These illusions were dispelled by the Post-mortem examination, the following history of which, is furnished by Dr Leidy.

Examination January 31st 1863.

Age about 24 years. Body emaciated. Heart perfectly normal. Lungs, with the exception of slight bronchial inflammation, perfectly healthy, and with no pleuritic adhesions. The right side of the heart contained a large white clot. Stomach healthy. Spleen redder than natural, and flabby. Liver pale brown; in section pale brown with rather darker brown intralobular spots. Gall bladder distended with muddy greenish bile. Pancreas exceedingly hard but not enlarged. Upper portion of the small intestine apparently healthy. Lower five feet of the ileum with the agminated glands successively and gradually increasing in enlargement. Those within the last foot dark red, and the surrounding mucous membrane inflamed. The most diseased were contiguous to the ileo-cecal valve, and presented several small ulcers. Solitary glands apparently not diseased. Colon greatly distended, its mucous membrane rather redder than natural, but with no spots, streaks, or patches; and the solitary glands not visibly diseased. Lymphatic glands of the

mesentery and mesocolon bluish-black. In section this color formed a circle just within the periphery of the glands. Beneath the microscope it presented the appearence of exceedingly fine particles, appp=arently not crystalline, and recalled to mind the black deposits of the intestinal glands of Chick=ahominy diarrhoea. Kidneys healthy.

Nos 102 103 104 105 & 106. Enlargement of the agminated follicles of the ileum, with enlargement of the spleen.

7549 to 7553

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

Nos. 102. 103. 104 & 105. Consist of successive portions of the lower part of the ileum, showing various degrees of enlarge=ment and ulceration of the closed follicles. The extensive patch in No. 105, is especially worthy of note.

No 106. Is the spleen of the same patient enlarged considerably and somewhat softened; dimensions 7x4x1½ inches.

The following Post-mortem account of the case, is furnished by Dr. Leidy.

Private James Roberts Co. "B," 67th Ohio Vols, admitted Oct. 27th 1862. died Jan. 27th 1863 at 5 A.M. Diagnosis. Typhoid fever. Age about 22 years. No emaciation. Back of the body exhibited a purplish aspect from gravitation of blood into the skin. A number of reddish spots visible on the front of the abdomen and chest. Lungs and heart sound. Spleen enlarged and flabby. Liver healthy. Enlargement of the lower agminated glands moderate; the upper ones healthy.

The lowest solitary glands were also enlarged, and a few were noticed with a small ulcer on the summit. The ileum presented a diffused redness with a few ecchymosed spots. Large intestine with a grayish aspect of the mucous membrane, accompanied ~~with~~ by a few inflamed streaks.

Nos 107. 108 & 109 Enlargement of the solitary and slight enlargement of the agminated follicles of the small intestine, with enlargement of the spleen. (Camp fever)

Presented by Dr Joseph Leidy
U S A General Hospital
West Philadelphia Penna.

7554 to 7556

Nos 107 108 Consist of successive portions of the ileum showing slight thickening of the agminated with decided enlargement of the solitary follicles.

No 109 Is the spleen of the same patient; dimensions 7½ inches long, 5 wide, and 3 thick: firm, with marks of former inflammation in the lower part.

The following Post-mortem account is furnished by Dr Leidy:

L. A. Wood, of Co 'E' 20th Mich. Regt died Dec 26th 1862.
Examination Dec 27th.

Age about 22 years. Body rather emaciated; spots of purpura on the trunk. Pleuro pneumonia. Recent pleurisy on both sides, most marked on the right side, and especially at the back part where there was a considerable quantity of pseudo-membrane. The lower lobe of the left lung was covered with a thin pseudo-membrane, but the pleurisy did not extend upon the upper lobe. Pneumonia with hepatization of the lower lobes of the right lung.

with lobular pneumonia of the upper lobe. Pneumonia of the lower lobe of the left lung with ~~conduration~~ hepatization except at the anterior inferior edge, which was free from inflammation. Lobular pneumonia (?) of the upper lobe of the same lung. Inflammation of the bronchial mucous membrane. Liver enlarged, 12 inches, by 7½, and 3½, firm, reddish brown on the surface, but deeper red at the back part of the right lobe, mottled with red points. On section the lobuli presented a brownish drab color with thick dark-red centres. Spleen large 7½ × 5 × 3, firm, with marks of an old inflammation at the lower part. Moderate inflammation (?) diffused through the ileum and colon. Enlargement of the solitary glands ~~in patches here and there~~ in the lower part of the ileum. Slight thickening and reddening * of the agminated glands. Slight enlargement of the solitary glands of the large intestine, but with no black deposits

* no thickening in specimens as received.

Nos. 110 & 111.
6483 & 5045?
7557 & 7558

Pseudo-membranous inflammation and follicular ulceration of the colon. (Chronic diarrhoea).

Presented by Dr Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

See Pa. case Index

The specimens consist of two successive portions of the descending colon, with irregular patches of pseudo-membrane on the mucous surface; certain of the solitary follicles, present the characteristic pin-head and punched-out ulcerations.
The patient had been under treatment for Chronic diarrhoea.
The following account of the Post-mortem examina-

admitted Nov. 12th. 1862,
born Both. says age 40,
American, single, com-
to Nov. 12th. 1862. diag
Phthisis pulmonalis
Diag. Chronic diarrhoea

tion, is furnished by Dr Leidy.
Reuben Smith. Corporal of Co B" 6th Maine Vols, age 40,
died Dec. 29th 1862. Examination a few hours afterwards.
Age about 40; exceedingly emaciated; lower extremities
oedematous, especially the left one. Heart healthy.
Both lungs attached throughout by old pleuritic
adhesions. The right lung was healthy except that
it contained in its apex a cavity about the size of
a walnut. Left lung for the most part healthy,
there being several condensed masses of tissue,
indicating lobular pneumonia(?) in the back part
of the lower lobe. Mucous membrane of the stomach
exceedingly pale (the cavity contained a quantity of
milk punch) Liver with old adhesions of the upper
surface; the tissue somewhat fatty in appearence
being yellowish brown and soft. Spleen with old
adhesions on the convex surface; small, and in
section pale. Pancreas and kidneys healthy.
The small intestine appeared healthy. The
mesenteric glands were all enlarged, many of them
to the size of a pidgeons egg, and filled with a soft
pasty tuberculous matter. Large intestine with
moderate diffused inflammation, accompanied by
small patches here and there of greater intensity.
These patches were covered with shreds of pseudo-
membrane and desquamated epithelium.
The lower part of the sigmoid flexure and rectum
were intensely inflamed, accompanied with pseudo-
membrane and desquamated epithelium. The mucous membrane
of the colon was exceedingly soft.
The physician in charge of the patient says he
had previously had an attack of remittent fever, but
while in the hospital was labouring under Chronic
diarrhoea.

Nos. 112 113 & 114. Enlargement of agminated glands of the ileum,
6483 E 18+19 6457 65 and enlarged spleen. (Camp fever).

7559 to 7561

Presented by Dr. Joseph Leidy
U. S. A. General Hospital
West Philadelphia Penna.

Nos. 112 & 113 Consist of successive portions of the ileum, No 113 extending down to, and embracing the ileo-coecal valve. No 112 a little higher up. Each of these pieces presents a large, thickened Peyerian patch, that in No. 113 more than four inches in length, presents several ulcerated points.

No 114 Is the spleen of the same patient, enlarged considerably and somewhat softened; dimensions are given below.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

æt 28 Benj. Allen, Co. "K" 1st Regt Ohio Vols. died Dec. 26th 1862
Admitted Dec. 23/62 Examination Dec. 27th.

Typhoid fever, intercurrent erysipelas of face & neck Body, fat, discolored on the left side of the head and neck from erysipelas. Age about 36 years. Brain healthy, but the pia mater more than usually injected on the left side, and more liquid than normal in the subarachnoid space. Lungs and heart healthy. Liver, Stomach, pancreas, and kidneys healthy. Spleen enlarged, 7 × 5 × 2½ with dark reticular lines. Diffused inflammation of moderate character throughout the ileum and colon. Intestinal glands healthy, except in the lower three feet of the ileum, in which the agminated glands are much enlarged and ulcerated.

^ very flabby, elastic in the surface

4a Pa Bone Coll 300½ page 71 + 129 18.

No 115

6453 469

7562

Ulceration of the colon. (Chronic diarrhoea).

Presented by Act. Asst. Surg. W. H. Coombs U.S.A.
Emory General Hospital
Washington D. C.

The specimen consists of a portion of colon, considerably thickened, and presenting several large superficial ulcerations, which invade the submucous connective tissue, but do not extend to the muscular coat; the largest of these ulcerations is an irregular quadrilateral nearly two inches in each direction. (See drawing Medical series.)

The patient, Trivate Taylor, Glasgow Co. H. 110 Pa. Vols. was admitted into the Emory Hospital Oct. 7th 1863. Oct 17th. Pills of camphor and opium ordered. Oct 21st. No better, tannic acid, and opium, and light diet ordered. Oct 23rd. The diarrhoea somewhat controlled by the astringents. Nov 1st. Diarrhoea has returned; Chalk mixture and milk diet given. Nov. 5th complains of pain in the abdomen, diarrhoea no better; ordered Parish's camphor mixture. Nov 11th, no better, Hydrarg: cum creta and Dover's powders at night. Nov. 16th, no better, patient extremely debilitated, pills of calomel and opium ordered, which was continued until Dec 3rd when the patient being much worse, they were discontinued. Dec 4th blackberry brandy, which disagreed with his stomach. Dec 8th emaciation extreme, prostration great, the patient is growing rapidly weaker, the stools are frequent, liquid, and tinged with blood; ordered beef-tea and opium injections at night, Dec 12th the patient expired.

Nos. 116. 117. & 118. Ulceration of the mucous membrane of the ileum and colon, (Chronic Diarrhoea).

6483 I 74 a 76
4th No. 6, case books Vol page 195
7563 to 7565

Presented by Asst Surg. H. Allen U.S.A.
Lincoln General Hospital
Washington D. C.

Nos 116&117. The successive portions of the ileum. No 116. exhibits a considerable number of superficial ulcerations. No 117. Superficial ulceration and pseudo membranous patches, ~~with a perforation the size of a five cent piece~~.

No 118. Colon of the same patient. enormously thickened, and irregularly covered with a pseudo membranous layer.

The following history of the case, is furnished by Dr. Allen.

Private Thomas Shannon. Co. "F" 42. N.Y. Vols. aged 23 years, bilio-lymphatic temperment; was admitted into the Lincoln General Hospital Sept. 12th 1863. suffering from Chronic diarrhoea. He presented the usual appearance of a patient affected with that disease. Emaciation extreme, hair, dry and long, eyes dim, though no ulceration of the cornea was observed. Abdomen much depressed, Skin slightly purpuraceous, of a dull yellowish slate color. Feet and toes persistently cold, and presented around the toes a bluish appearance.

It is needless to ennumerate the daily symptoms; they did not vary from those ordinarily observed up to Oct. 13th, when he began to sink rapidly. But with singular vitality, he partially recovered from a condition bordering upon death, and for several weeks afterward, he improved so greatly that hopes were entertained, on the part of those attending him, that he would eventually recover; but the improvement was transient. He soon becam the languid exhausted creature as before; his

diarrhoea returned with redoubled force and he finally died Nov. 19th 1863. at 7.30 A.M. after an illness of four months.
No greater pain had been experienced in the abdomen than is generally noticed.
Autopsy. six hours after death.
Height 5 feet 9 inches. Rigor mortis not marked. Body much emaciated. Both lungs very much compressed, separated as the subject lay upon the table fully three inches from the sternum. Right lung extended to within half an inch of the median line. Left lung scarcely visible the apex alone being seen. Liver ecte[illegible] four inches to the left of the median line. Fundus of Gall-bladder visible, and fundus of stomach to a slight degree. Oesophagus and trachea healthy. Bronchial glands healthy, small. Right lung slightly compressed, of a uniform grayish white color with a shade of pink, did not crepitate under pressure, and contained but little air, abundant sprinkling of pigmentory matter both internally and externally; parenchyma apparently devoid of blood. The apex of the first lobe was the seat of tuberculous deposit, a portion of which was softened, a small quantity of pus pouring out on section. In this immediate vicinity a cicatrix was seen. Weight of lung 8½ ounces.
Left lung same physical appearances as right though not quite so much depressed. Weight 9 ounces The extremely light-weight of these lungs is to be remarked. It is to be accounted for perhaps by the almost entire absence of moisture in the parenchyma.
Heart measured 4¾ by 3¾ inches. Right side contained a moderate sized unwashed clot; a similar one in character, though somewhat smaller in size was seen in the left side. Organ healthy. Right ventricle from three to seven lines in thickness. Weight 8 ounces. Pericardial fluid six ounces, of an opalescent appearance.

Ileum the seat of superficial ulceration, with some pseudo-membranous deposits, and a perforation the size of a five cent piece in its lower portion. Colon generally thickened, and coated with pseudo-membrane. Liver measured 11 × 7 × 2¾ inches, slightly congested, pale yellowish orange color, very probably fatty, weight 55½ ounces. Bile 8 ounces, dark, tarry and viscid. Spleen 4 × 2¾ inches, of a reddish mahogany color, weight 8½ ounces. Kidneys palish and very anaemic; left 4½ × 2½ weighed 4½ ounces; right 4 × 2 inches. weighed 3½ ounces. Pancreas 7 × 1 inch at head, hard and white like tallow, weight two ounces, healthy. Brain healthy. A larger quantity than usual poured from the subarachnoidean space upon the removal of the brain; one dram of serum in ventricle; weight 57 ounces.

Nos. 119. 120. 121 (6413 to 26 27 28) 122 & 123. (29 30)

7566 to 7570

Ulceration of the colon (follicular). (Ch. diarrhoea).

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No 3.
Vicksburg Miss.

Nos. 119 & 120 Consist of successive portions of ascending colon with numerous small ulcerations evidently corresponding to the solitary follicles.

Nos 121. 122 & 123 Are successive portions of the transverse and descending colon; thickened and also presenting numerous follicular ulcerations.

The following history of the case is furnished by Dr. French:

James H. Reynolds. Co. "K" 4th Iowa Cavalry. Had diarrhoea for nine months previous to decease. Eight months ago he suffered from an attack of dysentery which lasted five weeks, and began with frequent

bloody stools which in a day or two greatly diminished in number, becoming mucous and gelatinous. At the end of five weeks the disease passed into diarrhoea; since which time, Diarrhoea and Dysentery have alternated. Nov. 16th. Pulse frequent and feeble, Tongue, dry, red and covered with a ragged white and yellowish fur.

Treatment. I know nothing of his treatment up to Oct. 10th/63 the date of his admission into General Hospital; since which time he has taken opium, subnitrate of Bismuth in large doses, and at intervals Blue mass. Porter and brandy have been given freely. Since Oct. 10th his diet has been almost exclusively farinaceous. Died Nov. 17th 1863.

Sectio-Cadaveris, ten hours after death.

A few calcareous tubercles and cicatrices in the apex of each lung; lungs otherwise healthy. Spleen the size of a small kidney.

Deep vascular congestion of duodenum and jejunum. Intestines full of a yellowish green fluid. At the beginning of the ileum the inflammation deepens, is diffuse, and has gone on to softening. The inflammation is not continuous, but is interrupted here and there by a healthy tract a few inches long. At the lower end of the ileum a few of Peyers patches are a little prominent. The large intestine with the exception of the coecum is thickened, cutting like cartilage. On the coecum there is evidence of recent inflammation shown by its deep red color with softening of the mucous coat. The rest of the colon presents a white base, mottled and discolored with green, purple livid spots and stains. The transverse and descending colon thickly studded with small ulcerations with here and there a large one. The ulcerations are deep and involve the submucous coat to which the thickening is limited. Numerous fungous granulations in spots and patches elevated above the surface, overspread the colon. In some places the mucous membrane is entirely destroyed, except in a few isolated spots and patches; this is especially true of the rectum which exhibits only a few ulcerations in its upper

portion. Some of the ulcers give evidence of healing being encircled by an elevated and constricted crown of fungous granulations, with a few fibrous bands stretching across from side to side.

Letter dated Nov. 17-63.

Nos 124 & 125 Ulcers and pseudo-membranous patches of the colon. (Chronic dysentery).

6483 L. 52+53

7571 to 7572

Presented by Surgeon Geo. F. French U.S.V.
U. S. Army General Hospital No. 3
Vicksburg Miss.

See Microscopical Section, Nos. 7225 & 7232.

No 124 Consists of a portion of transverse, and No 125 of descending colon with pseudo-membranous patches and a few follicular ulcers.

The following history of the case is furnished by Dr. French.

Benjamin F. Lemon Co. "G" 93rd Indiana Vols. Aged 20 years. ~~Five years ago~~ says he had "lung fever"; (x) and that whenever he takes cold, he has a very severe pain in the left side after a full inspiration; has been subject to a dry cough for some time.

5 yrs. ago

August 1st 1863 had a mild attack of diarrhoea, which in about two weeks gradually changed into dysentery, with tenesmus and bloody stools. When the dysentery was at its height, the stools varied from twenty to forty, soon diminishing however to eight or ten daily in appearance sometimes gelatinous, sometimes mucous and white. About the middle of October his appetite which up to that time had been excellent, failed.

Nov. 1st. Pulse 84. Tongue pale in centre, bordered red, with slight white fur at its base. Stools small and variable, white, flocculent, gelatinous or shreddy.

Treatment. Never had any injections till he entered General Hospital Oct. 10th 1863, previous to which time, according to his statement, had no other diet than the ordinary soldiers ration. After Oct. 10th he was treated with opiate and turpentine injections. Being very anemic, he was also put upon Tincture of iron, Tarragona wine and stimulants were given freely. His diet consisted of: boiled milk, rice, farina, and occasionally rare boiled beef. Died Nov 21st 1863.

Sectio Cadaveris. ten hours after death.

Strong pleuritic adhesions investing the whole anterior surface of the left lung. Heart and liver normal. Spleen about the size of a kidney, having an abnormal congenital fissure in its upper end. Stomach normal. A few spots and tracts of inflammation here and there through small intestine, with moderate softening. About the same degree of inflammation and softening in the coecum; but no ulcerations in the coecum or ascending colon. The descending colon and rectum present a vivid red, and the transverse colon a dark livid color. For about sixteen inches above the anus, the bowel was almost bared of its mucous coat, and there was a slight glaze only over the muscular coat which presented a white appearance. At the lower end of the rectum were livid, yellowish-gray, warty granulations adhering to the surface. Upper portion of rectum and a little beyond, slightly roughened with superficial ragged exudations. Still higher up some of the ulcerations are ragged, others round or oval and all limited to the mucous coat, and filled with a dirty white adherent lymph, causing the ulcers to appear raised above the surface.

Letter dated Nov 21-63.

Nos. 126. 127 & 128. Enlargement of solitary follicles of small intestine, and follicular ulcers of colon. (Chronic Diarrhoea).

4453 I26 2 28
7573 to 75 75

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No. 3.
Vicksburg Miss.

No 126 Is a portion of the jejunum, and No 127 of the ileum with decided enlargement of the solitary follicles, which project as pin-head-like tumors from the surface of the mucous membrane.

No 128 Is a portion of the ascending colon near coecum, of the same patient; with a few scattered follicular ulcers.

The following history of the case is furnished by Dr. French.

Daniel B. Davidson, 2nd Iowa Batty. aged 22 years. July 4th 1863. had an attack of "Flux" when he passed a moderate amount of blood; suffering considerably from tenesmus and tormina. Small white mucous stools succeeded, numbering fourteen in one day; subsequently reduced in number to five or six. These stools were streaked with blood and were very offensive. In about three weeks from commencement of attack, the stools began to partake more of the nature of diarrhoea, which has never ceased, although at times conjoined with mild dysenteric symptoms.

Two weeks in August, patient was sick with intermittent fever, the diarrhoea continuing.

Oct. 10th he was admitted into General Hospital in a very low typhoid condition, from which he never recovered. Since entrance the stools have been almost exclusively of the nature of diarrhoea. Died Nov. 21st 1863.

Sectio Cadaveris ten hours after death.

Old pleuritic adhesions ~~on~~ of left lung. Heart normal. Spleen rather paler than usual. Liver exhibited a congenital peculiarity. the left lobe being longer than the right. Kidneys normal.

Vascularity marked through small intestine much more in some tracts than in others, and greater in ileum than jejunum; but no evidence of inflammation having gone on to softening & ulceration any-where. The entire tract of the small intestine thickly studded with elevated solitary glands of the size of a pins head, which were larger in the duodenum than elsewhere, and perfectly manifest to the sight as well as touch. These were of a uniform color with the mucous coat, and delicately punctated in their centre. In the colon these glands were one third larger but not elevated above the surface. The circumference was of a darker color, and the centre was distinctly punctated. In the rectum the solitary glands were the seat of ulcers in every state of progress. Peyer's glands prominent but not diseased nor enlarged. A very few isolated ulcers limited to the mucous coat, discovered here and there in the colon. Transverse and descending colon and rectum reddened, and spotted with deeper mahogany colored stains, with here and there livid and dark green tracts. A few large ragged ulcers of the mucous coat extended transversely across the lower portion of the rectum; where also were ash-colored granulations.

letter dated Nov. 24th, 1863.

No. 129. 130. & 131. — Ulcerations of the colon. (Chronic Diarrhoea)

7576 to 7578

Presented by Surgeon Geo. F. French U.S.V.
U.S. Army General Hospital No. 3.
Vicksburg Miss.

No 129. Is a portion of the transverse colon, considerably thickened, and presenting a number of follicular

ulcerations.

Nos. 130 & 131. Are successive portions of the descending colon, presenting follicular ulcerations much more numerously. In No. 131. the ulcers have for the most part extended into irregular erosions, which occupy the greatest portion of the surface of the mucous-membrane.

The following history of the case is furnished by Dr French.

Burnt William Grommon. 2nd Iowa Battery. 33 years of age; was never hardy, but has been healthier since he entered the army. Has been subject to ague for years. Has used alcohol to excess. Since entering the service had diarrhoea occasionally.

Taken sick, July 5th 1863. at "Big Black" with a mild attack of dysentery, but continued to walk about till Oct. 10th when he was admitted into General Hospital. In a short time he improved and went into Convalescent Camp; but met with a relapse of dysentery about the first of November.

The stools were at first copious and bloody, but soon became small and gelatinous; continuing so until death Nov. 20th 1863.

He suffered none from flatulence nor tormina, and his appetite was moderately good throughout.

Treatment. Opium, tannic acid, and subnitrate of Bismuth were administered alternately with an occasional dose of Blue mass. Never had any injections. Tarragona and Port wines, used as stimulants.

Diet. Rice, Farina, Vegetable soup, and meat.

Sectio Cadaveris. twelve hours after death.

Pneumonia of lower lobe of left, as also of lower lobe of right lung, which exhibited both the red and grey hepatization. Indications of pericarditis. Pericardium two thirds full of serum, and the internal coat roughened with soft yellow lymph. The spleen was abnormal, soft, and attached to the diaphragm at its upper end by a strong fibrous adhesion, and on its free surface slightly roughened with a few ragged white fibrous shreds.

In the centre of its convex free surface was a glossy white cartilaginous patch about an inch square, which in its central portion was thickest, it gradually became thinner till it shaded off into the investing membrane, of which it seemed to be merely a thickening of the peritoneal coat.
Kidneys normal. In the small intestine there were a few small tracts of moderately diffuse inflammation, attended with a limited degree of softening. Stomach healthy. Some inflammation of the same character in the ileum, where Peyer's patches were not involved, although close beside an inflamed tract. Inflammation to the same extent, was also noticed in the coecum and ascending colon, where there was some softening but no ulceration. The ulcerations began sparsely and superficially in the transverse colon, and increased in number and size onward to the anus. The mucous membrane of the colon presented a dark livid color, the ulcers which were invariably limited to the mucous coat, had ragged elevated, and everted edges, and contained a dirty yellowish white flocculent lymph, which when with difficulty removed, disclosed a very deep-red, livid base, smooth and glossy one ulcer was of the size of a half dime. In the lower half of the colon, and more especially in the rectum the mucous and muscular coats, were greatly hypertrophied.

Letter dated Nov. 20-63.

Specimens sent Dec. 1863

Nos 132. 133. 134 135. 136. & 137.

Extensive ulceration of the colon. (Chronic Dysentery)

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No. 3.
Vicksburg Miss.

7579 to 7584

A series of preparations exhibiting numerous ulcers in

the mucous membrane of the colon. Nos. 132 & 133 from the ascending colon, Nos 134 & 135 from the transverse colon, and Nos 136 & 137 from the descending colon. The ulcers in all these, are more or less oval in shape, and vary in size from that of a three cent piece to that of a quarter dollar. They are most profound in the descending colon, but even in the transverse colon many of them penetrate quite to the muscular coat. According to Dr. French, there were two perforations in the coecum, which unfortunately were not preserved in the specimen as received at the museum. The following history of the case is furnished by Dr. French.

"William B. Thornburg, Co. "B" 95 Ohio Vols. 25 years of age, Nervous temperament; had been in the army fifteen months. Diarrhoea much of the time, to which he has always been subject.

Sept. 15th 1863. Admitted into Field Hospital with a severe attack of dysentery, which was not preceded by Diarrhoea; stools very bloody, and tenesmus severe. Almost constant pain in the region of the ascending colon. In about a week the stools began to assume a gelatinous appearance. For four days after the commencement of the attack, the number of stools ran as high as twenty or forty, but subsequently diminished to three or five in a day. The character of the stools was varied; sometimes of a dark jelly like consistence, sometimes shreddy, flocculent, or white. Oct. 12th. Transferred to Marine Hospital; the removal was attended with considerable suffering to patient.

Oct. 18th. Patient complained of severe pain in the right hypochondriac region, which in a few days subsided into a dull heavy ache. Cold night sweats were frequent. Subsequently and up to the period of his death the patient complained of the usual degree of abdominal tenderness, and pain attending cases of dysentery, but never described the pain as acute nor localized it; slight sordes appeared a fortnight before death.

Nov 1st slight vedema of the lower extremities; patient greatly emaciated; pulse very rapid and tremulous; tongue bared of papillae, and so parched and dry in the centre as to give it an everted appearance. Died Nov 2nd 1863.

Treatment. Before entering the Hospital the patient seems to have enjoyed very proper treatment, and has had suitable diet. His bowels were first unloaded by a mild cathartic, to which in due time succeded emolient and anodyne injections. To allay pain, fomentations were applied to the abdomen, which was once painted with Tincture Iodine.

Diet: Milk. Beef essence, Chicken broth, and stimulants. The same course of treatment was followed up till the period of his death.

Sectio Cadaveris. fourteen hours after death.

The sclerotic coat of the eye slightly tinged yellow otherwise the skin presenting no appearance of jaundice. The lungs perfectly healthy. Abscess of the anterior surface of the upper part of the right lobe of the liver containing twenty ounces of pus, which was not foetid, but had the odor of sour milk. The surface of the liver over the abscess bulged, and the abscess was pointing toward the cavity of the abdomen. The upper border of right lobe of liver was glued with strong adhesions to the diaphragm. The wall of the abscess in its thinnest part was one sixteenth of an inch. Spleen normal. Left kidney considerably larger than the right, and of a livid green color; the cortical substance had encroached on the pelvis. and fatty degeneration was quite marked; on cutting through the kidney the pelvis contained a purulent fluid. The stomach gave evidence of local congestion, but of no inflammation, and there was a similar appearance for an inch or two onward into the duodenum. The valvulae conniventes throughout the small intestine gorged with bile. At about the junction of the jejunum and ileum extending twelve inches onwards, there was extreme dark red discoloration and softening of the mucous

coat showing recent inflammation; farther on in the ileum the inflammation had advanced and the mucous membrane presented here and there a livid green appearance. At the commencement of the large intestine the disease suddenly assumes a very grave character, the whole tract being of a mottled livid greenish color, stained here and there with dark red spots, and overspread like a worm-eaten log with ulcerations of varying depth: some through the mucous coat, others through the muscular coat, and two, which I shall hereafter more particularly describe, through the serous coat of the bowel.
In the lower half of the colon the ulcerations wers so numerous as to present a reticulated or honey-comb appearance like tripe. The ulcerations exhibited every stage of the disease; some had rough ragged borders and the erosion was evidently progress; in others the borders were smooth, the ulcerations less deep, and the cavity of the ulceration was glazed and smooth; in these the progress of the disease was suspended, and we see the commencement of repair, which is still further exhibited in other ulcerations, whose cavity was lined by a white, opaque, plastic lymph, tenaciously adherent; finally we see the process complete, a cicatrix marking the place of an old ulceration.
The shape of the ulcers although very irregular are mostly oval, and extend transversely across the bowel. Close beside the appendix vermiformis were discovered two perforations through the coecum the one nearly the size of a dime and the other the size of a pea. Sufficient feculent matter had escaped into abdominal cavity, to discolor the wall of the abdomen contiguous to the coecum, and to show that the escape was not recent: the tissues were deeply infiltrated and not merely stained on the surface. There were also extensive adhesions at the upper part of the coecum, to the right iliac fossa, and around the point of perforation the intestine was glued to the wall of the cavity;

most of the adhesions were strong and old, some red, evincing recent inflammation; those around the perforations were soft and easily torn, so much so that they could be ruptured by the mere weight of the intestine: No further evidence of peritonitis.

letter dated Nov. 20. 1863.

Specimens marked chem. Liquor

64b340 93 94 95

Nos. 138. 139. 140 Superficial ulceration of the colon. (Chronic Dysentery.)

141. 142 & 143.

96 97 98

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No. 3.
Vicksburg Miss.

7585 b 75 90

This series consists of portions of the colon exhibiting numerous superficial ulcerations with scattered pseudo-membranous patches. Nos 138 & 139, are successive portions of the ascending, Nos 140 & 141 of the transverse, and Nos 142 & 143 of the descending colon. The mucous membrane is considerably thickened, especially in the descending colon. The ulcers are superficial and do not penetrate the muscular coat.

The following history of the case is furnished by Dr French.

Melvin Ellisson. Co. "C" 5th Minn Vols. Taken sick in June with intermittent fever and diarrhoea, which, sometime in July ran into dysentery, and reduced him very low; he rallied however and was able to walk about for a week or two, but suffered a relapse and was brought into General Hospital Oct. 10th 1863. At this time there was considerable oedema of the lower extremities. Soon after his entrance he had copious bloody stools attended with moderate febrile action, and dry tongue, which continued so throughout. The stools that followed were dark and slimy, but never presented the white mucous or gelatinous appearance so often met with. The evacuations varied in number from

five to twelve a day. The appetite which at first was good soon failed; he continued to lose flesh and strength and died Oct. 31st 1863.

Treatment: Opiate and turpentine injections. Chalk mixture. Tarragona wine and porter as stimulants. Boiled milk, and farinaceous diet.

Sectio Cadaveris. ten hours after death.

Heart, lungs, liver, spleen, and kidneys normal. Mesenteric glands enlarged throughout. The entire tract of the large intestine eroded with ulcerations. The thickening in some places was two or three lines; hypertrophy greatest in the coecum The ulcers are not as in many cases circumscribed and oval; but the whole tract has a ragged worm-eaten aspect, and ulcerations intersect each other in every direction, most running transversely; the majority are superficial, a few however have almost penetrated the muscular coat.

Letter of Oct. 31st. 1863.

No 144. Ulceration of the descending colon. (Ch. Diarrhoea).

b 4 8 3 b 14

7591

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No. 3.
Vicksburg Miss.

The specimen consists of a portion of the descending colon; the mucous surface of which presents numerous follicular ulcers.

The following history of the case is furnished by Dr. French.

Charles C. Tufts Co. "C" 114th Illinois Vols. admitted October 12th 1863. Nerv-bilious temperment; aged 32 years, occupation peddler, Tendency to diarrhoea last seven years. Sometime ago had haemoptysis; lost a brother of phthisis. Took diarrhoea in march, which has continued

intermittently till Sept. 20th 1863, when he had an attack of dysentery, passing much blood. Stools from eight to fifty daily, with delirium and typhoid symptoms, which however soon passed off. At first much tenesmus and tormina, which injections relieved. Considerable tenderness of abdomen. After first two weeks stools diminished to three or five a day. After first few days stools were small, jelly-like and white; anorexia throughout, with great thirst. There has been moderate oedema of the lower extremities from the beginning. There has been slight sordes for a fortnight.

Nov. 1st Extremely emaciated; respiration 18 a minute. pulse 120, weak and fluctuating, tongue smooth and rather dry. Died November 3rd. 1863.

Treatment: Injections of opium and acetate of lead; stimulants given freely from beginning.

Diet: Boiled milk, rice, farina, and beef essence.

Sectio Cadaveris twenty four hours after death. Isolated calcareous tubercles in the middle of the upper lobe of each lung, and pleuritic adhesions at both apices. Similar calcareous tubercles also found in the mesenteric glands. Stomach and duodenum normal. Dark mahogany-colored blushes of inflammation here and there to be seen along the whole tract of the ileum, becoming more diffuse and intense toward the coecum, where there is a greenish discoloration, and softening of the mucous membrane. Mingled with these blushes of inflammation in the ileum, and about three or four feet from the coecum, are a few enlarged solitary follicles sparsely dotting the bowel, similar to those which were so remarkably prominent in the case of "Davidson". As the inflammation becomes diffuse about two feet from the coecum, the mucous membrane is intersected transversely, by ragged elevated granulations, and granular ulcerations, which increase in size and number as they approach the coecum. One or two of Peyer's patches are studded with minute ulcerations. The coecum and beginning of ascending colon overspread with minute points of ulceration of

a dark red color, which seem to have slightly invaded the muscular coat. The weight of the disease has fallen upon the transverse colon where the ulcerations are quite numerous; many extend almost through the muscular coat, and vary in size from that of a large pisis head to that of a pea. The ascending and descending colon, seem to be most hypertrophied. There is moderate thickening of the mucous coat, but none of the muscular. The descending colon and rectum, exhibited numerous elevated mahogany-colored patches of inflammation, and the rectum was roughened with superficial granular ulcerations and shreddy exudations.

Letter dated Nov. 3rd. 1863

Nos. 145 & 146. Enlargement of the solitary follicles in ileum, and ulceration of colon. (Diarrhoea).

6483 I-15-16

7592 to 7593

Presented by Surgeon Geo. F. French U. S. V.
U. S. Army General Hospital No. 3.
Vicksburg Miss.

No 145. Consists of a piece of the lower portion of the ileum, with well-marked enlargement of the solitary follicles.

No 146. Consists of a portion of the transverse colon, presenting numerous irregular superficial ulcerations.

The following history of the case is furnished by Dr. French.

William T. Beam. Co. "E" 5th Illinois Cavalry. 21 years of age; in the army two years; has been sick for eight months. At first had a brief illness from intermittent fever, which was succeeded by an attack of dysentery of three or four days duration, at the end of which period the stools became watery and

Admitted Feb 10th 1863

diarhoea supervened, to be followed in a week by another attack of dysentery. Thus the two diseases have alternated; upon the first accession of dysentery, the stools were very bloody, and occured every hour, but soon diminished, as at present to five or ten a day.
Nov 9th 1863 stools small, shreddy, gelatinous, and sometimes white. Tenesmus very slight. Up to Nov 1st his appetite was rapacious, since then it has entirely failed. Nov 13th Tongue moist and its surface shreddy; pulse feeble and rapid. Died Nov 19th 1863.
Treatment: Opium pills, occasionally a turpentine emulsion. Since his admission into General Hospital has taken chalk mixture and blue mass liberally.
As a stimulant: Tarragona wine. Has never had enemata until Nov 9th and subsequently. According to his statement he ate the ordinary soldiers rations up to Sept 20th.
Diet: principally farinaceous.
Sectio Cadaveris six hours after death.
Lungs healthy, but firmly tied to the parieties of the chest on all sides by old pleuritic adhesions. Mesenteric glands of a very dark color and slightly enlarged. Spleen rather large. Liver of a very deep red color, but not friable. In middle portion of jejunum a tract of six inches long; of a deep livid red color and softened; another similar tract a foot farther on. The entire ileum of a deep livid red and softened, except just above the coecum where the bowel appears quite healthy. The solitary glands in the lower portion of the ileum present an appearance as if the intestine were overlaying small shot. Peyers glands healthy.
Evidence of deepest inflamation in the coecum, which was of a dark red color and softened. Transverse colon comparatively healthy. From the beginning of the descending colon to the anus the mucous membrane has been completely eroded, except here and there a few isolated elevated spots and patches. Rarely the muscular coat is slightly involved in the ulcerations. In the rectum, which was of a deep red color and softened, the ulcers were filled with a still deeper red adhesive grumous clots.

No 1147.

64 § 3 § 12

7594

Perforation of the ileum. (Camp fever).

Presented by Medical Cadet Abner Thorp U.S.A.
Columbian College General Hospital
Washington D. C.

The specimen consists of a portion of the ileum, presenting with a perforating ulcer, pseudo-membranous patches on the peritoneal surface. (See drawing Medical series)

The following history of the case is furnished by Medical Cadet Thorp.

Eli W. Whitney. 5th Maine Battery; entered this Hospital Sept. 1st 1862. with a gunshot ~~fracture~~ wound received at the battle of Bull Run. On Nov. 12th he was sent home on a furlough, and was there taken very sick. He returned to this Hospital Feb. 6th 1863 in a low debilitated condition. He did not particularly complain until March 18th 1863. when he was attacked by fever. He complained of severe pain in the left side, over the precordial region, until within a day and a half of his death, when it changed to the umbilical and hypogastric regions.

About this time he had a chill followed by sharp severe pain in lower part of abdomen; the abdominal walls were motionless in respiration; he remained in the supine position with his knees drawn up; his thirst was extreme; bowels were constipated, had great nausea and vomiting of a greenish offensive matter, his face was pale, contracted and marked by deep distress and great anxiety; his pulse was very frequent and small; his tongue was red at the tip and edges, with a whitish or yellowish fur in the centre.

He was conscious until within an hour of his death, when he sank very rapidly. He died in the evening of March 25th 1863.

Post-mortem revealed the following conditions.

Thickened and congested appearance of the peritoneum; brilliant red spots upon the small intestine, which were deep red and almost black in other

portions. The ileum for about five feet was more or less ulcerated. The intestine was perforated by a large ulcer eighteen inches from the colon; and about two feet from the colon was found a pouch, large, and connected with the ileum. A large amount of serum and pus was found in the abdominal cavity.

Letter dated March 26/63

Nos 148 & 149. Ulceration of the colon. (Chronic Diarrhoea).

648 & 24 & 25
7595 & 7596

Presented by Act Asst Surg. E. Hartshorne U. S. A.
Hospital 5th & Buttonwood sts.
Philadelphia Pa.

The specimens consist of successive portions of the colon, with pin-head ulcerations of the solitary follicles, the orifices of which are for the most part surrounded by luxuriant fungoid granulations giving to the surface the most remarkable aspect. *

From Nov 3d 1862 to Feb 5th 1863
Cuyler Hospital
Admitted August 13th 1862
in this Hospital from
" Died Aug 26th 1862
Private and Patient

The patient Private Peter Bradly, 62nd New York Vols, died August 26th 1862 in the General Hospital corner of 5th and Buttonwood streets. Philadelphia, of Chronic Diarrhoea.

*The mucous membrane between the follicles is eroded by superficial ulceration.

No 150. Typhoid ulceration of the ileum, (Camp Fever).

7597 645 & 41

Presented by Surgeon W. O. McDonald
24th Connecticut Vols
2nd Corps, Army of the Potomac

The specimen consists of the lower portion of the ileum taken from just above the ileo-cecal valve, with

enlargement of the solitary and agminated glands and a typhoid ulcer near the valve.

The following history of the case is furnished by Dr. McDonald.

Private E. B. Dolph. Co. "B." 27th. Conn Vols. Had been suffering from the latter part of January 1863 a rather severe attack of Bronchitis, for which he was treated in his quarters, until having been placed in the guard house for some offence against the sanitary regulations of the camp, it became necessary to place him in the hospital.

On March 9th., the diagnosis was recorded as Bronchitis, pulse 108 while in the erect position, tongue clean and moist, cough, white frothy sputa, sub-sternal soreness, stools rather infrequent (not daily) but loose and watery. March 10th. pulse 96. respiration 24, better generally. March 11th., pulse 108. respirations 20, tongue furred and a little tinged with brown, one passage daily, watery and thin; remained in about the same condition up to March 14th., when he is recorded as having had three passages, loose, pulse 108, respirations 20, tongue furred and a little moist except the tip which was red and inclined to dryness; belly seemed tender over the whole course of the colon. March 15th.; pulse 112, respirations 24, tongue clearing and becoming dry; two passages in the preceding 24 hours, still loose. March 16th., pulse 120, respiration 28, lips dark in patches, tongue dry and dark, very restless during the night, stupid to-day; cough loud, dry, hollow and very annoying, belly apparently tender all over; but he wont answer sensibly, murmur absent, and dullness on percussion from lower end of scapula down on right side, elsewhere the respiratory murmur is loud, dry and noisy, some rusty sputa, expectorated, two or three ounces perhaps. On March 17th., pulse 100. respiration 26, tubular breathing under 5th. rib on right side, anteriorly externally and laterally in addition to that recorded on yesterday; some dark colored sputa today, parts of it very thin, other parts very adhesive and thick. March 18th. pulse 88. respiration

24. worse, breathing loud and moaning. urinated in bed. March 19th. same condition. March 20th. died at 6 P.M.

The sputa was at no time after his admission into the hospital abundant, most so however early in the case when it was bronchial in character. The cough ceased during the last three days of life. Abdomen at no time tympanitic, no rose-colored spots were to be seen. The abdomen was throughout concave vertically and convex horizontally.

Post-Mortem: The lower part of ileum presented from twenty to twenty-five distinct and separate indurated patches, from the size of a pea upwards; some half a dozen of these were ulcerated, on the ileo cecal valve, thickened, and an indurated slightly ulcerated patch on the cecal surface. The neighbouring parts of the ileum and colon were much congested. The mesenteric glands were enlarged.

Letter March 2d. 1863.

Nos 151 & 152.

6453 & 63 & 64

7598 to 7599

Ulceration of the colon. (Chronic Diarrhoea)

Presented by Actg. Asst. Surg. J. Dorsey U. S. A.

Jarvis Hospital.

The specimens consist of two successive portions of the colon, in both the mucous membrane is considerably thickened. No 151. presenting one, No 152 several large irregular ulcers extending to the muscular coat. The patient. Private Lorenzo Young Co. "D" 6th Ohio Cav. age 20. was received into Hospt. Aug. 17th 1863. labouring under Chronic Diarrhoea, had been sick four weeks, was greatly emaciated, pulse feeble and irregular, dejections from the bowels, bloody and frequent, there was pain along the whole course of the colon, but no tympanites.

The treatment consisted of the use of stimulants and nutrients. Patient died Aug. 26th 1863.

From Case Book Surg. no 13, pp 15 then single, & then 39 to 90 Inclusive

See U.S. case Nos 39 page 90 Book

per autopsy see microscopic No 4.

No 153. Enlargement of the solitary follicles of the ileum.

CH 13 D 12

7600

Presented by Surgeon A. C. Bournonville U. S. V.
U. S. A. General Hospital corner of 5th & Buttonwood Sts
Philadelphia Penna.

The specimen consists of the lower portion of the ileum and ileo-coecal valve, with well-marked enlargement of the solitary follicles.

Milton So. boon, co. I. 85th. N. Y. V. Admitted August 19th. 1862 Typhoid Fever. Died Nov. 18th. of same.

The patient Private Milton Coon. Co "F." 85th N. York Vols, was convalescent from Typhoid fever, and died suddenly. Post-mortem exhibited extensive inflammation in the lower part of the ileum and coecum. Solitary follicles and mesenteric glands enlarged. Liver and kidneys fatty.

Hospl. No. 780

Lincoln Nov. 18- 1862

Nos. 154 & 155. Thickening and ulceration of the colon. (Chronic Diarrhoea).

$433 & 434 244

7601 to 7602

Presented by Asst. Surgeon H. Allen U. S. A.
Lincoln General Hospital
Washington D. C.

Specimen between 17th pair & Lower 7th pair of Intest. Specimen between 7th pair & Lower pair of Intest.

The specimens consist of two successive portions of the colon greatly thickened, presenting numerous ulcers of the closed follicles, and pseudo-membranous patches.

Jno. Coon Co K 8th Minn. Vols. age 20, New Yorker, single, admitted Jany 8th 1863. Diagnosis Chronic diarrhoea.

The patient Private H. B. ~~Owens~~ Co. "G" 18th New York Vols, died in the Lincoln Hospital January 20th 1863. of Chronic Diarrhoea.

Ames

6453 I 86

Nos 156. 157. 158 & 159.

Ulceration of the ileum and colon. (Chronic Diarrhoea).

Presented by Surgeon Thomas Antisell U. S. V.
Harewood General Hospital
Washington D. C.

No 156. Consists of a piece of the lower part of the ileum, considerably thickened, and presenting numerous superficial ulcerations ~~with fungoid granulations~~.

Nos 157. 158. & 159. Are successive portions of the colon of the same patient. greatly thickened, with numerous follicular ulcerations, and pseudo-membranous patches.

The patient-Private Welcome S. Corey Co. "E" 20th Mich. Vols. 22 years of age; was admitted Jan. 2nd 1863. labouring under Chronic Diarrhoea; the disease was of the usual camp type, resisted all treatment, and patient died March 11th 1863.

No 160.

6433 & 48

Enlargement of the agminated glands of ileum. (Camp fever).

Presented by Asst Surgeon H. Allen U. S. A
Lincoln General Hospital
Washington D. C.

The specimen consists of a portion of the ileum, with a large somewhat thickened Peyerian patch, presenting a small point of ulceration.

The patient-Herbert Vanness. Co. "D" 171st Penna Vols. aged 19, a conscript July 8th 1863 died in the Lincoln Hospital July 16th 1863, of Camp fever with thoracic complications.

The following account of the Post-mortem examination, is furnished by Dr. Allen.

Lungs: Right lung, 1st lobe highly congested, especially at the apex; floating in water,- 2nd lobe somewhat congested, presenting evidence of bronchitis posteriorly.- 3rd lobe, intensely engorged with venous blood, which poured out in large quantities on

on section. Lung of a dark red or purple color, in some places approaching to black; the parenchyma was dense, and the whole lobe approached a condition of splenization. Left lung: 1st lobe less congested; bronchial secretion abundant on section. On posterior part of 2nd lobe a transudation of blood had taken place to a great extent in the cellular tissue beneath the pleura. 2nd lobe was in a state of lobular splenization, (carnification?); the splenified condition existed in numerous lobules scattered through the parenchyma, and separated often from each other by lobules of permeable parenchyma. The splenified portions were much darker than usual, being of a blackish hue, and intensely engorged with venous blood of the same color. Right lung weighed 2¼ ounces, the left 2¼ ounces.

Stomach particolored, fundus of a dull lake; pyloric portion paler. Mucous membrane of jejunum rather soft. Small intestine down to within three feet of the ileo-cecal valve, did not appear to be involved. From this point the intestine became greatly congested, softened, and Peyer's patches were observed to be seriously involved. The first ulcer was observed at this place; it was small, of a darker color than the surrounding membrane, and superficial. About two feet below this point a large patch was observed (the specimen) which was very hyperaemic, softened, but not much elevated; the only point of ulceration in this large patch, was a small patch about the size of a pea, situated on the border; its walls were elevated, its centre blackened, and ulceration extensive.

But little mucous was found in the intestine; the walls were somewhat thinned. Vermiform appendix studded with solitary glands, which presented nothing peculiar.

Five Ascarides lumbricoides were found in the stomach.

6453155 56

Nos. 161. 162. 163 & 164 — Ulceration of the ileum and colon. Enormous cysts of the kidney.

57 15816[illegible]

7608 to 7611

Presented by Surgeon Thomas Antisell U. S. V.
Harewood General Hospital
Washington D. C.

No 161. Consists of a portion of the ileum, presenting a thickened Peyerian patch with two well marked ulcerations.

Nos 162 & 163. Are successive portions of the colon of the same patient with numerous ulcerations and fungoid granulations. (pseudo-membranous patches)

No 164. Is the left kidney of the same patient enormously enlarged, and filled with cysts of the most various sizes. The right kidney of the same patient, which also contained cysts, is not preserved. (Drawing sent to Smeliie)

745 autop

The following history of the case, and of the Post-mortem, is furnished by Dr. Antisell.

Private Charles S Pettles. Co. "C" 1st Del. Cav. Entered Harewood Hospital about the 25th of January 1852 on furlough from his regiment to visit his brother. His general appearance was that of a person of feeble health; said he had been shipwrecked on the coast of New Jersey in the winter of 1852, and almost perished from long exposure from wet and cold. His feet were frozen at that time and they exhibited evidence of the same during his confinement here. He was very taciturn and could be seldom induced to enter into general conversation. He said his health had not been good since the period of his shipwreck in 1852. A few days after he came into this Hospital, he was attacked with fever which assumed a continued type and of mild form; his pulse was seldom above 100 per minute; no delirium, nor excessive thirst. There was a thin brownish coat upon the tongue; his mouth was somewhat dry, but not excessively so; he complained of some pain in the head during the early stage of fever, but in no other locality during his sickness. The secretion of urine appeared to be as free as in other cases of continued fever, he voided but little at a time and frequently, so that the quantity

Case Book No 11. Pettles, age 24, Delaware, inf.

See U. S. Case book 39 page 43 41 " 39 Lewis

passed in 24 hours was nearly normal.

Treatment: Jan 27th. He complains of pain in the head, had a slight chill during the night previous, mouth somewhat dry, tonge slightly coated and of a brunish color, pulse 80, easily compressible, eyes somewhat suffused, respiration natural. Prescribed the following:-

℞. Hydrargyrum cum creta . . . . . grs xij

fiat in pulvis no vj.

S: one every six hours.

Jan 30th. Pulse 100, skin dry, tongue coated, and gums beginning to show the effects of mercury which was continued.

Feb. 2nd. Pulse 100, complains that he cannot sleep.

℞. Pulvis. Ipecac et Opii . . . grs xxiv

Div: in chart no vj. S: one every four hours.

Feb. 5th Pulse about the same, skin continues dry, less heat of surface than heretofore, still complains of want of sleep; tongue more moist and less dark. Dover's powder continued.

Feb. 10th. Pulse 95, tongue and mouth more moist, skin more natural to the touch, with slight moisture about the forehead and neck. Continued treatment.

Feb. 15th. Pulse 90. tongue clean, mouth much more moist than heretofore, skin relaxed and slight perspiration. Prescribed Whiskey - fʒ vj. S tablespoonfull every hour.

Feb 18th. Patient still improving, pulse 90, fuller and softer, again complains of sleeplessness, Dovers powder again prescribed in doses of six grains every six hours. Whiskey continued, pulse 85. tongue clean and moist; skin natural.

March 1st. Continued to convalesce, and was able to sit up, and walk several steps unsupported; had a moderate appetite, and appeared more cheerfull than before known.

March 7th. Complains of slight diarrhoea; prescribed

℞. Tincture Opii . . . . . fʒ fs

Tincture Catechu . . . . . fʒ j

M. S. Gutte xxx every four hours, and brandy in tablespoonfull doses.

March 15th. Discharges from the bowels very frequent since last night, consisting of serum and mucous only. Patient entirely prostrated and refuses to take nourishment of

any kind. Prescribed Sulphate quinine grs xxiv to be divided into six powders, one to be taken every four hours in a tablespoonfull of brandy.- Also-

℞ Pulvis Opii.....grs. vj
Plumbi Acetas.....grs. xv viij
Acid Tannic.....grs. iv
M. Div. in chart no viij

S.- alternately with the quinine and brandy.

Also Tincture Opii - guttæ xxx to be used as an enema in starch. The medicines produced no favorable effect; the discharges from the bowels were almost continuous. The patient continued to sink and died March 18th 1863. at 6 A.M.

Post-mortem appearances:

On opening the thorax the pericardium was found somewhat thickened and containing about four ounces of serum. Heart normal. Upper lobe of each lung somewhat collapsed otherwise normal, no adhesions of the pleura. Abdomen; stomach hanging in a perpendicular position, the pyloric end reaching two inches below the umbilicus. The mucous membrane normal, somewhat pale. Upper portion of jejunum normal to half its length; lower portion presented a dark red appearance, and the villous coat easily removed by the finger. Ileum much engorged, of a less red appearance than the jejunum, and presenting many ulcerated patches with raised edges. The mucous membrane of the lower portion in many places was entirely destroyed, and the sub-mucous structure thickened and easily broken down. Colon very much thickened and presenting nearly the same appearance as the ileum; except the ulcerated patches. Rectum very little different in appearance from the colon. Liver and spleen normal. Gall-bladder somewhat larger than usual and filled with bile.

Kidneys: left one greatly enlarged, perhaps six times its natural size, and presenting upon its surface numerous cysts, filled with fluid, and varying in size from one line to three fourths of an inch in diameter; the capsule was much thickened and firmly adherent. The right kidney about twice its usual size, and in other appearances resembling the left. When cut through, the whole organ was found filled with cysts of the same appearance as those

upon the outer surface. The bladder was contracted to the size of a small hens egg, from which about one drachm of urine was taken.

6453 D31 32 33
Nos 165, 166, 167. Enlargement and ulceration of the solitary and
168, 169, & 170. agminated glands. (Camp fever).
34 35 36

7612 to 7617

Presented by Asst Surgeon Wm. Thompson U.S.A.
Douglas General Hospital
Washington D.C.

The specimens consist of six successive portions of the ileum, showing great enlargement of the solitary and agminated glands; ulceration is present in all the patches and in many of the solitary follicles.
The patient from whom these specimens were taken, was received into the Douglas Hospital in a moribund condition in the spring of 1863. He was said to have suffered from the prevailing Camp fever of the army. He died twenty four hours after arriving at the Hospital.

14336
Nos 171. 172. 173. Enlargement of the solitary and agminated follicles.
174. 175. 176. & 177. (Camp fever).
9 10 11 12

Asst. Surg. E. J. Marsh U.S.A.

7618 to 7624

Presented by ~~Surgeon Charles Page U.S.A.~~
Judiciary Square General Hospital
Washington D.C.

The specimens consist of seven successive portions of the ileum, showing the most gradual transitions between the

slightest thickening of the closed glands in the first pieces, and the huge ulcerated patches just above the ileo-coecal valve in the last.

Admitted Apl. 26/63

The patient from whom these specimens were taken Private G. Barrecklew Co. "G" 6th Penna Cavalry, died in the Judiciary Square Hospital May 2nd 1863. of Pneumonia complicating Camp fever.

Nos 178 & 179. Ulceration of the colon and rectum. (Chronic Diarrhoea).

6483 & 6364 & 37

7625 to 7626

Presented by Surgeon Welling U.S.V. & Dr. Ely.
Army of the Potomac.

No 178. Consists of a portion of the sigmoid flexure.
No 179. Of a portion of the rectum.

The mucous membrane is thickened and softened and presents numerous ulcerations, the point of departure of which, is evidently the solitary follicles. It is slightly coated with pseudo membrane.

The patient from whom these specimens were taken, died of Chronic Diarrhoea in the spring of 1863. at the Field Hospital at Windmill Point Va.

Nos 180, 181, 182 & 183. Luxurious enlargement of the pyerian patches of the ileum. (Scorbutic form of Camp fever).

6483 & 78 9 10 11

7627 to 7630

Vide Dr. Bigelow M.S. for table of specimens presented by Surgeon Thomas R. Crosby U.S.V. Columbian College General Hospital Washington D.C. Apl. 22-63. 9.142 Med. Museum

Presented by Surgeon Thomas R. Crosby U.S.V.
Columbian College General Hospital
Washington D. C.

The specimens consist of four successive portions of the

ileum, in each of which is presented an enlarged and thickened Peyerian patch; the thickening in the specimens when fresh, was of a luxurious fungoid character, grumous in its consistancy, blackish in color, and both larger softer, and with margins less distinctly defined than in ordinary cases of the enteric lesion.

This form of disease, of which there are other specimens in the museum, is believed to belong to the variety of Camp fever which occurs in scorbutic constitutions.

The patient from whom these specimens were taken, labored under the form of Camp fever above alluded to; an affection described by the ward physician as an "obscure disease" somewhat similar to typhoid fever.

On the Post-mortem examination, besides the disease of the ileum, pulpy and grumous enlargement of the mesenteric glands, and hepatization of the lower lobe of the right lung, were observed. Spleen size of a walnut.

Patient died May 27th 1863.

Leth dates May 26th 1863 —

No 184.

6483 Ser 6

7631

Ulceration of the colon. (Chronic Diarrhoea).

Presented by Surgeon Howard Culbertson U. S. V.
U. S. A. General Hospital. Rolla. Missouri

The specimen consists of a portion of the descending colon, the mucous membrane somewhat coated with pseudo membrane thickened, and presenting numerous irregular ulcers of variable depth.

The patient Priv: August Wehe, Co. A. 9th Mo. Cav., entered the General Hospital at Rolla Mo. Nov 11th. 1862 and died Feb. 1st 1863. of Chronic diarrhoea of six months duration, for which the various anodyne, astringent, alterative and tonic remedies had been used in vain. Post-mortem examination exhibited thickening and ulceration of mucous membrane of the entire colon and rectum; at points the muscular coat was penetrated, but there was no perforation of the peritoneum.

6453 E 20 21
Nos 185. 186.
187. 188. & 189.
22 23 24
7632 to 7636

Thickening and ulceration of the agminated and some of the solitary glands of the ileum (Camp fever).

Presented by Asst Surgeon Wm. A. Bradley U.S.A.
Finley General Hospital
Washington D. C.

The specimens consist of five successive portions of the ileum, presenting in a most typical manner, thickening and ulceration of the pyerian patches, and some of the solitary follicles.
The patient died of the ordinary Camp fever of the army; in Finley Hospital during the summer of 1863.
See drawing in Medical series of Nos 185. & 189. 189

No 190.
6453 E 38
7637

Thickening and ulceration of the solitary and agminated glands of the ileum. (Camp fever).

Presented by Actg. Asst. Surgeon Elliot Cowes U. S. A.
Mount Pleasant General Hospital
Washington D. C.

The specimen consists of the lower portion of the ileum including the ileo-coecal valve; the closed follicles considerably thickened and ulcerated.
It was taken from a patient who died of the ordinary form of Camp fever in the Mount Pleasant Hospital during the summer of 1863.

No 191.

b48360
7688

Thickening and ulceration of the closed follicles of the ileum. (Camp fever).

Presented by Actg. Asst. Surgeon B. B. Miles U. S. A.
Div. No. 1. U. S. Army General Hospital
Annapolis Md.

The specimen consists of the lower portion of the ileum including the ileocoecal valve, and is in many respects a remarkable one. The mucous membrane of the piece is considerably thickened, to an extent comparable to those forms of Chronic diarrhoea, in which the thickening has extended to the ileum, which is not usual in acute disease; each of the solitary follicles presents a small punched-out ulcer, seldom much larger than the size of a pin's head; a condition also comparable to what has been noticed in this museum, in cases of Chronic Diarrhoea, and not in cases of fever; near the ileo-coecal valve however, are two irregular jagged ulcerations, based upon luxuriant development of the agminated glands, corresponding to what is seen in the scorbutic form of Camp fever. The lower one of these ulcerations, invades and destroys a portion of the ileo-coecal valve.

The patient Sergeant W. A. Smutz. Co. "F" 11th Iowa Vols., aged twenty-four years, was admitted into the General Hospital at Annapolis Md. October 19th 1862, labouring under what was diagnosed as Typhoid fever. He died December 28th 1862. Whether he had suffered previously from diarrhoea is not known.

Nos 1928 193. Disease of solitary and agminated glands. (Camp fever).

6455 828-834

7639 to 7640

Presented by Asst Surgeon W. A. Bradley U. S. A.
Finley General Hospital
Washington D. C.

The specimens consist of two successive portions of the ileum, presenting enlargement and ulceration of the agminated glands; the solitary glands enlarged to little tumours one or two lines in diameter, stud the whole surface of the mucous membrane.

The patient died in Finley Hospital of ordinary Camp fever, during the summer of 1863.

Nos. 1948 195. Ulceration of the colon. (Chronic Diarrhoea).

6483 to 7243

7641 to 7642

See original preparations in museum recently received from Surgeon Thompson U. S. A. Finley Hospital

Presented by Asst. Surgeon Wm. Thompson U. S. A.
Douglas General Hospital
Washington D. C.

The specimens consist of two successive portions of the colon with ulcers of the closed follicles extended in many places into huge irregular burrowing ulcerations, which invade the muscular coat and extend sometimes as far as the peritoneal coat.

The patient Private A. L. Manchester Co. "E" 152 N. York Vols, having suffered from Chronic diarrhoea for some time; was attacked by measles March 1st 1863; the attack was accompanied by dysenteric symptoms, and he died April 1st 1863.

Nov. 12th 1863. He had suffered from Diarrhoea for six months, was much prostrated and greatly emaciated, his tongue was dry, discharges from the bowels frequent and profuse. During the first month after he entered the Hospital he improved somewhat, but afterwards lost ground and died Dec. 30th 1863.
Post-mortem examination exhibited enlargement of the closed follicles of the ileum; thickening and ulceration of the colon and rectum.

No 201. Ulceration of the agminated follicles of the ileum. (Camp fever).

7648 6453 95a

Presented by Asst. Surgeon Harrison Allen U.S.A.
Lincoln General Hospital
Washington D. C.

The specimen consists of a portion of the ileum, presenting several well-marked ulcerations with thickened edges; the ulcerations correspond in character with those of Camp fever.
The patient from whom this specimen was taken, died at the Lincoln General Hospital February 9th 1863. He had only been in the Hospital a few days; his disease was diagnosed by the ward physician as Chronic Diarrhoea; fever was however present. ✓

No 202. Enlargement of the agminated glands near the ileo-coecal valve.

6453 81

7649

Presented by Asst. Surgeon Wm. Thomson U.S.A.
Douglas General Hospital
Washington D. C.

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The specimen consists of a portion of the ileum just above the ileo-coecal valve, the greater portion of which occupied by an extensive pyerian patch. Attempts have been made to throw a fine injection into the vessels which only partially succeeded. The individual follicles of the patch considerably enlarged, and with semi-transparent contents, can be distinctly recognised either by transmitted or reflected light.

The patient from whom this specimen was taken Private Emory Webster Co "D" 1st Vermont Vols, died in Douglas Hospital February 15th 1864. of Pneumonia consequative upon measles.

ARCHER'S R

No 203. Ulceration of the colon. (Chronic Diarrhoea)

64 33 615

7650

Presented by ~~Surgeon C. Sage U. S. A.~~ Asst Surg. E. P. Marsh U. S. A.
Judiciary Square General Hospital
Washington D. C.

The specimen consists of a portion of the descending colon, thickened and presenting well-marked follicular ulcerations.

The patient Private Shipman Griffin, C. 122d N. Y. Vols. admitted Feby 15th. 1863 died in the April 3rd. 1863 of Diarrhoea Judiciary Square Hospital ~~in the winter of~~ 1863.

Nos 204 & 205 Characteristic thickening of the agminated glands of the ileum.

64 53 E29 3.8

7651 to 7652

Contributor unknown

The specimens consist of two successive portions of the ileum with most characteristic thickening and enlargement of the agminated and some of the solitary follicles.
The specimens were received during the fall of 1863 without history or memorandum.

No 206.
64 53 16
76 53

Follicular ulceration of the colon.

Contributor unknown.

The specimen consists of a portion of the colon, thickened and presenting numerous characteristic punched-out follicular ulcerations; many of them have extended into irregular, jagged burrowing excavations of considerable size.
The specimen was received during the fall of 1863 without history or memorandum.

No 207.
64 53 79
76 54

Ulceration of the agminated glands of the ileum near the ileo-coecal valve.

Presented by Actg Asst Surgeon Elliott Cowes U. S. A.
Mount Pleasant General Hospital
Washington D. C.

The specimen consists of a portion of the ileum taken from just above the ileo-coecal valve presenting an irregular characteristic ulceration of the last Peyerian patch. The solitary follicles are also enlarged.

The patient died suddenly from Oedema of the glottis. It is said that he had suffered neither from diarrhoea nor typhoid fever; the facts of the case are however not sufficiently known to be convincing, especially when it is considered that oedema of the glottis is a not unfrequent termination of the diarrhoea which follows camp fever, as is shown by several other specimens in the Museum. Dr. Cowes furnishes the following history of the case.

H. F. Wardwell, Co. "D" 33rd Mass. Vols, was admitted into the Mount Pleasant Hospital. February 9th 1863.

His disease was diagnosed as Pneumonia. From the first there was great dyspnoea and complete aphonia; the dyspnoea increased until the patient died by asphyxia Feb. 15th 1863.

He did not suffer from diarrhoea while he was in the Hospital, nor were there any abdominal symptoms present, but the history of the patient prior to his reception into the Hospital, was not inquired into.

On the autopsy, both lungs were found much congested but not hepatized. The glottis and epiglottis oedematous to such an extent as to close the orifice, and to have been the cause of death. The mucous membrane of the larynx and trachea was inflamed, and in the larynx it was ulcerated. The ileum presented numerous ulcers corresponding to the Peyerian patches; these ulcers looked old, indolent, and chronic. The mucous membrane of the colon presented the ordinary softened and tumid aspect usually accompanying Chronic Diarrhoea.

Letter — April 11th 1864.

No 208.

64 S 3 D 30

7655

Enlargement of the agminated and solitary follicles of the ileum.

Presented by Surgeon H. Bryant U. S. V.
Clifborne General Hospital
Washington D. C.

The specimen consists of a portion of the ileum presenting a single exceedingly thickened and somewhat ulcerated agminated patch. The solitary follicles are enlarged into polypoid tumours from the size of a pins head to that of a pea.

Priv. Benj. Gregory Co. 27th Indiana. Adm. Sept. 26th 62. Diagnosis Chr. Dysn. Dies Dec. 9th

The patient died of Camp fever at Cliffborne Hospital December 1862.

No 209.

64151

7656

Cirrhosis of the liver.

Presented by Actg. Asst. Surgeon L. Wells U. S. A.
Seminary General Hospital
Georgetown D. C.

The specimen consists of the whole liver contracted till it weighs only thirty six ounces; the interlobular connective tissue is well developed. The history of the case is not known.

No 210.

62838

7657

Bronchocele.

Contributor unknown.

The specimen consists of the thyroid gland enlarged into an irregular V shaped body; the right leg of the V being over three inches in length and one and a half inchs in diameter, the left over four inches in length and two in diameter. The superior thyroid arteries on both sides are enlarged, especially on the left side, where the artery it attains nearly the size of the common carotid. The essential conditions

present are ordinary cystic disease of the thyroid, involving alike the isthmus and lobes; the walls of some of the cysts are the seat of calcareous deposits.
The specimen was received in the fall of 1863 without history or memorandum.

No 211.
62518 5
7658

Pericarditis

Contributor unknown.

The specimen consists of the heart and pericardium, the pericardium slit open W.P. anteriorly and considerably thickened; its inner surface and the outer surface of the heart coated with an irregular roughened layer of croupous lymph.

Patient Priv. Geo. Marron Co. K. 140 N.Y. Vols

No 212.
62515 15
7659

Pericarditis. Calcareous deposits in aortic valves.

Presented by Asst. Surgeon C. A. McCall U. S. A.
Mount Pleasant General Hospital
Washington D. C.

The specimen consists of the heart, dissected so as to exhibit the aortic valves with the pericardium attached, the outer surface of the heart and the inner surface of the pericardium are roughened by deposits of lymph. The aortic valves are the seat of moderate calcareous deposit. No history

No 213.

63523

7660

See Med. Case books of Dr Miles / page 25.

Large tubercular vomica at the top of left lung

Presented by Asst. Surgeon De Witt C. Peters U.S.A.
Jarvis General Hospital
Baltimore Md

The specimen consists of the upper portion of the left lung, the seat of deposit of numerous tubercles; near the apex of the upper lobe is a cavity with tough walls, which attains nearly the size of an orange.
The following history of the case was furnished by Dr. Peters.
Private Terence Tonner, Co. "E" 1st Conn. Cav. age 23 admitted July 25th 1863. with Phthisis pulmonalis for which he was treated. On August 18th a severe attack of Diarrhoea set in, which reduced him very much. and he sank and died August 20th 1863. from exhaustion.

See Med. Chir. Trans. B. B. Miles.

Autopsy. 14 hours after death.
The body greatly emaciated. Two small vomicae in the right lung, which was filled with tubercles, on the left side numerous pleuritic adhesions and a very large vomica near the summit of the upper lobe.

No 214.

62516.

7661

See Dr Miles case book Med. — page 32

Pericarditis. (Acute Rheumatism).

Presented by Actg Asst Surgeon B. B. Miles U.S.A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of the entire heart, both auricles and ventricles coated with an irregular layer of lymph.
The patient Sergeant Wm. T. Traganse Co. "H" 1st Conn. Cav married, 24 years of age, was admitted to Hospital Dec. 2nd 1863

suffering from Diphtheria; this was treated by applications of Nitrate of silver, and a gargle of Chlorate of Potassa; internally Chlorate of Potassa and Quinine were administered.

The patient was convalescing when Acute Rheumatism set in with swelling of the knees and elbows. The patient stated that he had had frequent attacks of Rheumatism previously. He was treated with salines, cathartics, convalesced kindly, and had been sitting up for a week, when on the 22nd of December he suddenly complained of a sharp cutting pain in the hypogastric region, followed rapidly by a pain in the region of the heart. He died half an hour afterwards.

On Post-mortem examination the pericardium was found distended with serum, and both heart and pericardium covered with pasty lymph.

Nos 215 & 216.

L4A571+2

7662 to 7663

Medullary cancer of the liver.

Presented by Asst. Surgeon C. A. McCall U. S. A.
Mount Pleasant General Hospital
Washington D. C.

The specimens consist of segments of the liver. No 215 presenting a considerable number of enlarged nodules of soft cancer. No 216. which is the right extremity of the right lobe, the central portion of a vast medullary mass had softened into a pus-like fluid, which escaped on making the section, leaving the irregular cavities in the specimen.

The following history of the case was furnished by Actg Asst Surgeon J. C. Nelson U. S. A. the ward physician.

Private Thomas Shaw, 6th Rhode Island Battery, was admitted into Hospital July 30th 1863. He complained of pain and tenderness in the hepatic region; the

conjunctiva and general surface of the skin were jaundiced; he suffered from nausea and vomiting, with slight Diarrhoea. Inspection exhibited tumefaction of the right hypochondriac and epigastric regions; the nodulated condition of the enlarged liver could be distinctly felt. The patient stated that he had suffered no inconvenience until a few weeks before admission, when he began to feel a sense of weight and pain in the epigastrium. The disease was diagnosed as Chronic Hepatitis, and treated with ~~mercurials~~ alteratives & tonics. Subsequently to entering the Hospital however the patient received tonics and anodynes. On Aug. 9th. oedema of the lower extremities supervened, which however did not become extreme. The patient rapidly sank in spite of the free use of stimulants; fell on the 27th. of August into a comatose condition with small pulse, cold extremities, and respiration repeated at longer and longer intervals until he died in the afternoon of Aug: 29th. 1863.

Post-mortem examination exhibited enormous enlargement of the liver which weighed thirteen pounds; it was filled with cancerous tumours varying in size from a robins egg to that of an orange, the interior of the largest softened into a pus-like liquid. The viscera were healthy except the intestines, which was somewhat contracted in size with some thickening of the coats.

A microscopical examination of the tumours, was made by Asst Surgeon J. J. Woodward U. S. A. of the Surgeon Generals Office. The tumours were found to consist chiefly of small nucleated cells of irregular, triangular, and polygonal forms, the fibrous stroma only appreciable in occasional localities.

Dr. Woodward assigns the case to the category of Medullary carcinoma.

No 217.

6483 to 3.

7664

Follicular ulceration of the colon. (Chronic Diarrhoea)

Asst. Surg. U.S.A. Marsh

Presented by ~~Surgeon C Page U.S.A.~~

Judiciary Square General Hospital

Washington D. C.

The specimen consists of a portion of colon, the mucous membrane considerably thickened and presenting well-marked punched out follicular ulcers.

The patient Private Alfred Woodrow Co "C" 23rd New Jersey Vols, was admitted into Hospital February 16th 1863 in a dying condition. Said he had been taken sick early in December with Fever ~~was~~ without chills, but accompanied by delirium. Diarrhoea set in during the fever, and continued after it disappeared; during the last two or three weeks his bowels have been moved eight or ten times a day. The patient was received from the Army of the Potomac. He died on the day of his admission.

Post-mortem examination.

Body much emaciated. Mucous membrane of descending colon and sigmoid flexure thickened, softened, and covered with numerous ulcerations, one eighth to one half an inch in diameter. Mucous membrane of the rest of the entire colon thickened, softened, and of a greenish gray color. Coecum was very much congested. Peyer's patches ulcerated, and patches of inflammation throughout the whole length of the small intestine. Smaller curvature of the stomach congested. Lungs, heart, liver, spleen, and kidneys apparently healthy. Spleen adjunct to liver presenting numerous peritoneal adhesions. The brain and spinal marrow were not examined.

Nos 218 & 219.
6453 to 4 15
7605 to 7606

Ulceration of the colon. (Chronic Diarrhoea).

Apt. Surg. E. J. Marsh U. S. A.

Presented by ~~Surgeon C.W. Page U.S.A~~

Judiciary Square General Hospital
Washington D. C.

The specimens consist of two successive portions of the colon presenting numerous follicular ulcerations; some of these in No. 219 have coalesced into an irregular excavating ulcer of considerable size.

The patient from whom these specimens were taken Private Charles Fehle Co "B" 1st New York Vols, was received into Judiciary Square General Hospital February 15th 1863. labouring under Chronic Diarrhoea. Had been taken sick in the Army of the Potomac. He died the next day.

Post-mortem examination 12 hours after death.

Body much emaciated. Left lung healthy. Right lung compressed against the anterior and upper part of the thorax by about two quarts of moderately thick not offensive pus. Pleura costalis covered by a thick pseudo-membrane. Heart and liver healthy. Mucous membrane of the descending colon and sigmoid flexure thickened, softened, and presenting numerous follicular ulcers with some of more considerable size. The stomach and small intestine were healthy. Kidneys normal. Spleen very small. Brain and spinal marrow not examined.

Nos 220 & 221.
6453 to 6454

7667 to 7668

Follicular ulceration of the colon. (Chronic diarrhoea).

Apt. Surg. E. J. Marsh U. S. A.

Presented by ~~Surgeon C.W. Page U. S. A.~~

Judiciary Square General Hospital
Washington D. C.

The specimens consist of two successive portions of the colon the mucous membrane greatly thickened and presenting numerous follicular ulcerations.

The patient Private Richard Poole Co. "C" 3rd N. J. Vols, was received into the Judiciary Square Hospital from the Army of the Potomac on the 15th of February 1863. He was in a moribund condition and insensible when received, and died the same day.

Post-mortem examination 12 hours after death.

Body emaciated. Mucous membrane of the colon softened thickened, and purple in color, with numerous follicular ulcerations. Mucous membrane of lower part of the ileum thickened, and presenting a number of small ulcers, especially in its lower portion. The rest of the small intestine and stomach healthy. Spleen rather small. Heart, lungs, pancreas, and kidneys healthy. Brain and spinal marrow not examined.

No 222.

Thickening of the colon with pseudo-membranous patches. (Chronic Diarrhoea).

Asst. Surg. E. J. Marsh U. S. A.

Presented by ~~Surgeon C. Page U. S. A.~~

Judiciary Square General Hospital

Washington D. C.

The specimen consists of a portion of the colon, thickened, with a few follicular ulcerations, and numerous pseudo-membranous patches.

The patient Private Daniel Webster Co "G" 27th N. Y. Vols, was received into Judiciary Square Hospital Febuary 15th 1863. from the Army of the Potomac. He stated that he had suffered more or less from Diarrhoea ever since his enlistment in May 1861; suffering always most after marching. About Dec 1st 1862 he was confined to his bed, and has not been up since. He died February 17th 1863.

Post-mortem examination Feb. 18th.

Great hepatization of lower lobe of left lung, with pleural adhesions. Right lung, liver, stomach, kidneys and supra-renal capsules healthy. The mucous membrane of the colon inflamed and thickened, with ulceration especially in the coecum and sigmoid flexure; pseudo-membranous patches covered much of the surface of the mucous membrane.

Nos 223. 224 & 225. Thickening and ulceration of the colon with pseudo-membranous patches. (Chronic Diarrhoea).

101 102 103
4836

7670 to 7672

Asst. Surg. E. J. Marsh U. S. A.

Presented by ~~Surgeon C. Page U. S. A.~~ Asst. Surgeon Beales

Judiciary Square General Hospital

Washington D. C.

See Microscopic Sections Nos. 7233 to 7235
" " 7236 to 7241
" " 7242 " 7253
to 223 "
" 224 "
" 225 "

The specimens consist of three successive portions of the colon, the mucous membrane exceedingly thickened and covered more or less completely with a pseudo-membranous layer. In Nos. 224 & 225 there are also numerous follicular ulcers, which in three or four patches have extended into vast eroding excavations, the largest more than one and a half inches in length and one inch in breadth.

The following history of the case was furnished by Dr. Page.

Private J. G. Beals. Co. "F" 37th Mass. Vols. Had had Diarrhoea slightly for some months. On Dec. 24th 1862 he was attacked with measles and a severe cough. During the measles the Diarrhoea ceased. Had never been delirious. While convalescing from the measles he suffered two relapses on account of exposure, and entered this Hospital Feb 15th 1863. quite weak, with some cough, and a Diarrhoea which had recently come on. His appetite was fair, tongue clean and moist, pulse 114. There was no special change till the 20th. when he said he felt better, but was much weaker

and died at 9 A.M. Feb. 22nd 1863.

Autopsy: 27 hours after death.

Body emaciated. Rigor-mortis slightly marked. Abdomen collapsed. Muscles pale. Right lung exhibited scattered yellow tubercles in the upper and middle lobes, with muco-pus in the bronchial tubes. Left lung presented one cavity in the upper lobe as large as a hen's egg; with a number of smaller ones from the size of a pea to that of a hazel nut. These cavities had yellow opaque walls about one line in thickness. There were some yellow tubercles in this lung. Lower edge of lung oedematous. Bronchial glands hard, enlarged, and filled with black pigment. Heart small, flabby, and pale in color, but remarkably free from external adipose tissue. Spleen apparently healthy. Liver showing a marked differentiation between the red and yellow portions, the latter being comparatively large and pale. Mesenteric glands small and pale. Stomach contained a thin mucus mixed with bile, but the mucous membrane of this and the duodenum and jejunum, was normal. Peyer's glands normal. Small intestine smeared over with thick adhesive mucus stained with greenish yellow bile, which was darker in the lower part of the jejunum, but lighter through the ileum. One or two small ulcers near the ileo-cecal valve. Colon contained thin yellow faeces. Throughout the whole length the mucous membrane was thickened with patches of white pseudo-membrane and fungoid granulations. The descending colon presented numerous ulcers of various sizes, from the fourth of an inch to two inches in diameter, the membrane being softened, thickened, and undermined for some distance around the margins of the large ulcers. In the rectum these appearances were exaggerated.

No 226. 6483253 7673

Ulceration of the agminated glands of the ileum. (Camp fever).

Thos. G. Heath, Private, Co. K. 94 N.Y. Vols. admitted July 4. 1862 with acute dicentery. died of chronic dicentery.

Presented by Actg. Asst. Surgeon A. F. Delaney U. S. A.
Alexandria Va.

The specimen consists of a piece of the upper portion of the ileum, presenting three ulcers of considerable size with thickened edges, corresponding, in position to the situation of the agminated glands.
The patient died of Camp fever July 17th 1862.

No 227. 6483 to 8. 7674

Ulceration of the colon. (Chronic Diarrhoea).

Presented by Actg. Asst. Surgeon R. B. Miles U. S. A.
U. S. Army General Hospital No. 1.
Annapolis Md.

The specimen consists of a portion of the colon, presenting numerous follicular ulcers; some of them have extended into irregular jagged excavations.
The patient from whom this specimen was taken Private Cyrus S. Edgerton, 76 1st Regt. Vermont Cavalry, age 26, admitted Sept. 26th 1862 died November 4th 1862 of Chronic Diarrhoea with accompanying scorbutic symptoms.

Nos 228. 229. 6483 to 82 3 Enlargement of the solitary agminated glands of the ileum. (Camp fever)

230 & 231. 7675 to 7678 4 to 5

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Penna.

The specimens consist of a series of successive portions of the ileum, presenting considerable enlargement of the agminated and some of the solitary glands.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

Private Thomas Elder Co. "K" 14 U. S. Inf., aet 18, admitted August 19th 1862, died with typhoid fever Aug. 18th 1862. Examination Aug. 19th.

Body not much wasted, apparently about 20 years of age. The heart and inner surface of the pericardial sac, were roughened with old pseudo-membranes, but there was no adhesion of the apposed surfaces, nor was there more than the usual quantity of liquid. There was pneumonic engorgement of the right lung, but no pleuritic evidences on either lung. The liver was large and the gall-bladder nearly empty. The stomach was distended with air, and its mucous membrane presented a large reddened patch on the lower part of the left extremity. The spleen for the most part appeared normal, except that there was a whitish inflamed condensation of its tissue about the size of a nutmeg at the upper end. The gastro-splenic omentum in contact with the latter was also inflamed. The mucous membrane of the ileum was inflamed in patches, one of which was two feet long, its lower portion being about six inches from the ileo-coecal valve. There were thirty-two agminated glands varying from half an inch to three inches in length. There was a large one on each fold of the ileo-coecal valve, which was dotted with black pigment but appeared otherwise healthy. The next gland above also appeared healthy, but the others except the first two were much thickened and generally inflamed, though none were ulcerated. Where not reddened by inflammation they appeared opaque white. Solitary glands generally were invisible in the jejunum and were few in the ileum, but when obvious in the latter they were quite prominent and red with inflammation. The colon was much contracted; its mucous membrane generally was of a slate color mingled with small patches of inflammation; and the solitary glands were black.

Case Book, age 21, American, single, admitted Aug. 19th 1862. Injuries typhoid fever.

See Path. case Book 300½ page 21

Nos 232 & 233

6453251 V 52

7679 to 7680

Ulceration of the ileum and colon. (Chronic Diarrhoea)

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

No 232. Consists of a portion of the ileum presenting several irregular ulcerations.

No 233. Consists of a portion of the colon of the same patient, presenting several large ~~superficial~~ irregular ulcerations invading the muscular coat.

The perforations referred to in the accompanying Post-mortem account were not preserved.

Admitted Aug. 9th. 1862 with diarrhoea - Died of dysentery

Post-mortem examination of Private Paul Garret (Haut) Co. D. 1st Regt. New Jersey Vols. Aged 24 years, died August 31st 12 M. Examination Sept 1st 1862.

Body emaciated, and in an unusually advanced state of decomposition. Organs of the chest sound. Recent peritonitis, all the viscera agglutinated with pseudo membrane, and the intervals occupied with an abundance of sero-purulent liquid. Liver, spleen, and stomach healthy. Inflammation of the mucous membrane of the ileum and colon. Thickening of the upper agminated glands and ulceration of the lower ones. No less than three near the ileo-coecal valve, presented perforations. There were also a number of ulcers in the colon, and a large one was very near the condition of perforation. The solitary glands were thickened and contained black pigment.

See Path. Anatomy Book page 37.

6453517 18

Nos 234, 235 & 236.

19

7681 to 7683

Ulceration of the ileum with perforation. (Camp fever).

Presented by Dr Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimens consist of three successive portions of the ileum, presenting ulcerations with thickened edges corresponding to the site of the agminated glands. At the bottom of the largest ulcer in No. 235 is a small perforation about a line in diameter.
(See drawing medical series of No. 236.)

The following account of the Post-mortem examination, is furnished by Dr. Leidy.

Thomas James, a nurse of ward "F" died 8 A.M. Oct. 30th 1862. Diagnosis- Peritonitis. Examination 4 P.M. same day. Age about 50 years. Body well nourished. Heart and lungs healthy. The capasity of the chest diminished to the uttermost degree by the pressure of the abdominal contents. Acute peritonitis; the surface everywhere reddened by the turgid vessels, and covered by thin recent cream colored pseudo-membrane, and the cavity filled with sero-purulent liquid. Pseudo-membrane composed of a fibrinous substratum mixed with pus corpuscles. Abdominal lymphatic glands not palpably diseased. Liver large, yellow brown, rather soft, and somewhat fatty. Gall-bladder small and partially collapsed. Spleen flabby, bluish-white on the surface, and with an old white cicatrix-like mark, which together with the subserous tissue was spotted with black maculae. Section of the spleen light indian red and remarkably bloodless. For half a line from the surface the tissue was black. The black color was due to pigment molecular granules up to round masses the size of blood corpuscles. Pancreas and kidneys healthy. Stomach healthy. Ileum and colon somewhat more pink than natural. The upper agminated glands healthy; those of the lower three feet of the ileum ulcerated, the ulcers occupying only part of the glands, extending to the muscular and serous coats, and having edges a line in thickness. One of the ulcers had perforated the bowel the hole being circular and about a line in diameter. The blood contained if anything, fewer white corpuscles than usual. The thyroid body enlarged to the size of a hens egg on one side.

Spleen remarkably free from blood corpuscles, cellular structure [illegible]

4 P.M. Oct. 30th 62.

Nos 237 & 238. 64|3813|14

7684 to 7695

Enlargement of the solitary follicles of the ileum. (Camp fever).

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimens consist of two successive portions of the ileum presenting enlargement of the solitary follicles, which are opaque and about the size of large pin heads. Each presents a Peyers Patch which is very slightly thickened. The following account of the Post-mortem examination is furnished by Dr. Leidy.

Admitted Aug 10/62 discharged

Private Jefferson Brown, Co "F" 7th Regt. Maine Vols died October 6th 1862. Age about 24 years. Much emaciated, skin slightly ecchymosed. Organs of the chest healthy. Liver dull brownish purple, in section brown. Spleen flabby, remarkably bloodless, in section bright lake red. Gall-bladder large and distended. Pancreas, kidneys, and supra-renal bodies natural. Continuous inflammation throughout the small intestine, commencing feebly in the duodenum and gradually increasing in intensity in the descent. The ileum was of a deep maroon color, without any destruction of epithelium. The muscular and subserous coats of the ileum were likewise considerably injected. Intense inflammation of the ascending colon. Transverse colon nearly free; in the descending colon, sigmoid flexure, and rectum, a moderate degree of injection, here and there accompanied by ecchymosis. Agminated glands not perceptibly altered, nor did they contain the black pigment so frequently observed in other cases. Solitary glands exceedingly numerous or unusually conspicuous from enlargement. Those of the colon appeared natural and only a few contained black matter.

See Parcel No 3 Box page 54.

No 239. Ulceration of the agminated glands of the ileum (Camp fever).

B4 13 E5c
7086

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a portion of the ileum, presenting ulcers with thickened edges, corresponding to the site of the agminated glands.
The following account of the Post-mortem examination is furnished by Dr Leidy.
George Young entered the Hospital Aug 10th 1862 and died on the 13th. The patient was delirious from the time of his admission, and no previous history of the case was obtained. Diagnosis Typhoid fever. Dr. Crowell attending physician.
Examination Aug: 13th.
Body apparently between 35 & 40 years of age, much emaciated. The abdomen and thorax exhibited about a dozen scattered rose-colored spots.
The organs of the chest, the stomach, liver, spleen, pancreas, and kidneys appeared natural. The mucous membrane of the small intestine was inflamed throughout, slightly so at the upper part, in a decided manner in the lower part of the ileum. The agminated glands were ulcerated, especially the lower ones, which were entirely destroyed; the ulceration exposing the muscular coat. Near the coecum, the mucous membrane of the ileum was livid purple, the agminated glands together with a portion of the surrounding mucous and submucous tissue, were completely destroyed, leaving patches of exposed transverse muscular fibres, enclosed by thickened ridges of the mucous membrane. The mucous membrane of the colon was slightly inflamed and presented a slate color. The solitary glands of the small and large intestines, were not conspicuously diseased.

See Pa. case 300½ page 13. Vol a

Nos 240 & 241.

6483712 13

7687 to 7688

Ulceration of the agminated glands of the ileum. (Scorbutic form of Camp fever.)

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia.

The specimens consist of two successive portions of the ileum. No 240 presents three large superficial ulcers corresponding to the position of the agminated glands. No 241. presents a large irregular luxuriant pulpy mass, similar to those described in some other scorbutic cases of fever.

The patient from whom these specimens were taken had served on the Peninsula, and died of the so-called Chickahominy fever.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

Private R. L. Tyler. Co. E. 17. Vt. V. Inf. aged 23 years.
Died of Typhoid fever. Aug 16th. 1862. Examination Aug 18th.
Except several old pleuritic adhesions the lungs were healthy though somewhat engorged with mucous. The heart was healthy. The liver and stomach appeared natural. The spleen was of the usual size, color and consistence, but its convex surface was roughened, apparently from an old inflammation. The mucous membrane of the ileum was not generally inflamed, being of a pinkish cream color. There were twenty-two agminated glands which varied in size from half an inch to one which was four inches in length. To the twelfth they were healthy but covered with a deposit of black pigment; the thirteenth was ulcerated; the fourteenth appeared healthy and the remainder were all ulcerated, some of them even through to the peritoneum. The last of the series near the ileo-coecal valve, formed a blackish brown irregular eschar about an inch and a quarter square and the fourth of an inch thick. In the vicinity of the ulcerated glands the mucous membrane was inflamed. The mucous membrane of the ~~ileum~~ colon was inflamed in patches. The solitary glands prominent with a deposit of black pigment.

Admitted Aug 10/62
Typhoid fever.

See Pa case from 3004
page 19.

Nos 2432 & 2433.
6453.E34 35
7689 & 7690

Thickening of the agminated glands of the ileum. (Camp fever).

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimens consist of two successive portions of the ileum with well-marked thickening of the agminated glands.

The following account of the Post-mortem examination is furnished by Dr. Leidy.

"Gustavus Frank, Private, B. 20th N.Y. Vols. Admitted July 26th, 1862 Died in the West-Philadelphia Hospital Aug. 9th 1862. Examination was made the same day. The body was much emaciated. The lungs were healthy, but the right one presented old pleuritic adhesions throughout. The heart was pale and flabby with opague white patches on the right ventricle about the size of a dime, and similar but quite small patches on both auricles, together with some roughness of the corresponding portion of the pericardium. The liver, stomach, pancreas and spleen were healthy. The mucous membrane of the ileum was inflamed, and the agminated glands with the exception of the upper ones, were thickened and inflamed, and in several instances presented small ulcerations. The mesenteric glands were tumefied. The mucous membrane of the colon was inflamed, in greatest degree towards both extremities.

Case Book says: Private, B. 20th N.Y. Vols. Admitted July 26th, 1862. Died Aug. 9th. Typhoid Fever. Chronic dysentery. Died of Chronic dysentery.

4to Box brown Book 300th page 10.

Nos. 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260 & 261

Tubercular ulceration of the small intestine, with characteristic thickening and ulceration of the colon. (Chronic Diarrhoea).

Presented by Dr Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimens with the exception of No 261, consist of a series of pieces taken successively from high in the jejunum to near the ileo-coecal valve; they present numerous ulcers, the long diameter of most of which is transverse to the length of the intestine, and most of them are associated with tubercles of the peritoneum.

No 261. Is a portion of the colon of the same patient, thickened, ulcerated and presenting pseudo-membranous patches as in ordinary Camp Diarrhoea.

It is believed that the case is to be regarded as one of ordinary Camp Diarrhoea resulting from the usual causes, associated with the consequences of preexisting tubercular disease.

The patient was received from the Army of the Potomac, then serving upon the Peninsula.

The following account of the Post-mortem examination, is furnished by Dr. Leidy.

Private Alonzo York Co. K 3rd Regt. Vermont Vols., age 23, admitted Hospital Oct 10th 1862 died Sept. 15th 1862 7 A.M. with Chronic Diarrhoea. Examination 10 o'clock same day.

Body much emaciated; with an echymosed condition of the skin about the pit of the stomach. Age 23 years. Right lung with adhesions of an old pleurisy, tuberculous deposit in its apex, and tuberculous masses elsewhere, from the size of a cherrystone to that of a peach stone; some of them softening in the centre. Left lung with old adhesions at its back part, and containing about twenty tuberculous masses from the size of a cherrystone to that of a shellbark. Heart pale, devoid of fat, otherwise sound, and containing no clots. Liver dull brown. Spleen healthy, lake red in section. Stomach moderately

contracted, its mucous membrane presenting a few slight-
-ly injected patches. Intestines contracted. Mesenteric
glands much enlarged, with tuberculous deposit.
Inflammation of the entire intestinal tract from
duodenum to anus. There were patches of tubercles
in the peritoneum, beneath the position of every
agminated gland. The tubercles were opaque white
and about a line in diameter. The agminated
glands were all ulcerated and surrounded by thick
hardened edges. Quite circumscribed peritonitis acco-
-mpanied the patches of tubercles. Similar patches
with ulcers of the mucous membrane, were exhibited
high up in the jejunum but from the entire destru-
-ction of the agminated glands it was impossible
to determine whether such glands had been present.
The inflammation of the mucous membrane of the
colon (most acute at the two extremities) was associated
with a number of ulcers, patches of pseudo-membrane,
and desquamated epithelium, and blackened solitary
glands. The kidneys were healthy. The suprarenal
bodies presented a dull brownish yellow condition of
the cortical substance, which otherwise did not appear
to be altered in structure.

Nos 262. 263. 264. 265. 266. 267. 268 & 269.
(645 663 64 65 66 67 68 69 62 53 135)

Extensive ulceration of the agminated glands of the
ileum and of the mucous membrane of the colon.
Enlargement and softening of the mesenteric glands.
(Diarrhoea following Camp fever.)

7709 to 7714

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

Nos. 262. 263. 264. 265 & 266.

Are successive portions of the ileum exhibiting large
deep ulcerations invading the muscular coat, and

extending at many points quite to the peritoneal coat. There were many larger ulcerations in this ileum, than those here preserved, but the thin peritoneal coat lacerated so readily that it was impossible to preserve them intact.

Nos 267 & 268. Are portions of the colon of the same patient, exhibiting numerous extensive ulcerations.

No 269. Consists of some of the enlarged mesenteric glands of the same patient.

The following history of the case is furnished by Dr Alfred Stillé of Philadelphia.

"Private Benjamin White. Co "F" 61st Ohio Vol. Entered the Satterlee General Hospital Dec 18th 1862. He stated that he had just had Typhoid fever, after previously suffering from Dysentery. He was greatly emaciated, complained of general rheumatic (scorbutic) muscular pains, and had Chronic Diarrhoea and oedema of the extremities.

Under the use of Muriated Tincture of Iron, and mild but nutritious food, his condition gradually improved until towards the end of December, when his Diarrhoea became more troublesome, and his stomach with difficulty retained any food. Under the use of Pills of Tannic Acid and morphia (grs iij to gr 1/30) three times a day, together with Lime-water and milk, he was able in three or four days to leave his bed.

At this time his cough attracted attention and on examination a large portion of the left lung was found solidified. Blood and pus were mingled in his sputa. Irritability of stomach, and Diarrhoea increasing; and emaciation advanced rapidly. Jan 15th 1863. Crackling was heard at the summit of the left lung. From the 22nd, great tenderness of the abdomen under the least pressure was manifested, and the vomiting continued. Death by gradually progressive asthenia took place Jan. 24th 1863."

The following account of the Post Mortem examination was is furnished by Dr Leidy.

See Pa. case No. 3004 page 80.

"Examination Jan. 24th 1863. Age about 20; emaciation extreme. Right lung healthy. Left lung with adhesions throughout; upper lobe with general diffused tubercle and a large

cavity in the apex containing muco-purulent matter and blood; a few small tubercles in the lower lobe. Heart with a white clot ~~on~~ in the right side but normal. Liver enlarged, brown in color on the surface, in section mingled brown and ochre yellow from fatty degeneration. Stomach redder than natural. Spleen enlarged, not flabby, dark red in section, with the marks of an old inflammation on the convex surface. Kidneys small, but natural in structure. Glands of the mesentery and mesocolon all very much enlarged and filled with tubercular matter. Agminated glands all completely ulcerated away the bases of many of the ulcers extending to the peritoneum. Besides these there ~~was~~ were a multitude of ulcers in the ileum about the size of three cent pieces, which were suspected to have had their origin in the solitary glands. At the edges of many of the ulcers were small white opaque tubercles, from which it was suspected the ulcers had their commencement. The colon throughout also presented a number of ulcers from the size of a three cent piece to that of a quarter dollar. The mucous membrane of the coecum was highly inflamed, and elsewhere in the colon streaks of inflammation were observed.

No 270.
6483 D15
7119
In Triplicate pp. 35.

Enlargement and pigment deposit in the solitary glands of the ileum. (Camp fever).

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a portion of the ileum with slight enlargement of the solitary follicles; the

pigment deposit, seen in the fresh state, can no longer be recognised.

The patient had been taken sick in the Army of the Potomac, then on the Peninsula, and died Aug 24th 1862. at the West Philadelphia Hospital.

The following account of the Post-mortem examination is furnished by Dr. Hodge.

61 Reg. Asbmitted July 10/62 - Typhoid fever.

Daniel Crum, from ward "C". Diagnosis Typhoid fever,

Examination Aug. 25th 1862.

Organs generally healthy, except that the ~~agminated~~ both these and the agminated solitary glands were thickened and of a most remarkable black color resembling the bluish black of tattooing. The surrounding parts of the mucous membrane were pale and devoid of anything like congestion. In the specimen the agminated glands are not perceptibly thickened.

4 or 5 a. contain worms 3 or 4 - perf 28

No 271.

7718

6428954

Ulceration of the agminated follicles of the ileum. (Camp fever.)

Presented by Surgeon Thomas K. Crosby U. S. V.
Columbia College General Hospital
Washington D. C.

The specimen consists of a portion of the ileum with ulceration of the agminated glands.
The patient died in Columbia College Hospital in the fall of 1863. of the ordinary Camp fever of the Army of the Potomac.

64S2B3 64S2B6

Nos. 272. 273. Ulceration of the solitary follicles of the stomach
274 275 & 276. with thickening of those of the small intestine.
17 18 19 (Camp fever).

9719 to 9723

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

No 272. Consists of a portion of the stomach presenting numerous small ulcers of the solitary follicles distributed along the lesser curvature.

Nos 273. 274. Consist of successive portions of the ileum presenting
275 & 276. enlargement of the solitary follicles, with some slight thickening of the agminated glands.

Ward Asst Surgeon Dr. Co. B. Farmer, Armory admitted Aug. 10th 1862 Diagnosis Typhus fever. Typhoid fever.

The patient Private Chs. K. Dorr, Co. "F" 17 U. S. Inf. admitted August 10th 1862 died Aug. 22nd 1862, ~~of the scorbutic variety~~ of Typho. malarial fever. The diagnosis of the ward physician was Typhus.

The following account of the Post-mortem examination was furnished by Dr Leidy.

Body well made, age about 22 years, and moderately emaciated. The skin of the trunk discolored with diffused ecchymosis. The viscera of the chest and abdomen generally softer than usual, but the muscles of the body of the ordinary character. Lungs and heart nomal except that there were two ecchymosed spots near the base of the latter about the fourth of an inch in diameter. The blood presented nothing unusual. The liver and spleen natural, the section of the latter black. The stomach with some inflammation of the mucous membrane near the pylorus, and a number of small ulcers about a line in diameter along the lesser curvature. Inflammation of the ileum in patches, some of them intense. The solitary glands enlarged and inflamed. Most of the agminated glands healthy, some inflamed and slightly thickened but none ulcerated. The mucous membrane of the colon more or less slate colored, with patches of inflammation, a number of ecchymoses about half an inch in diameter, and in the descending portion a number of small stellate blackened ulcers.

4th Pa. cavalry Mtd. 30 & 42 Pa. Vols.

Nos 277. & 278.

645929 27

7728 in 7725

Enlargement and ulceration of the agminated glands of the ileum. (Enteric fever).

Presented by Act. Asst. Surgeon Fred. Schaffirt U. S. A.
U. S. Army Medical Museum
Washington D. C.

The specimen consists of two successive portions of the ileum, presenting typical thickening and ulceration of the agminated and a few of the solitary follicles.
These specimens were taken from a patient in private practice who died of the ordinary Enteric fever, prior to the breaking out of the Rebellion in 1860.

No 279.

6453617

7726

Follicular ulceration of the colon. (Chronic Diarrhoea).

Presented by Dr Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a portion of the colon. The mucous membrane considerably thickened and presenting numerous follicular ulcerations, many of them penetrating to the muscular coat.
The following account of the Post-mortem examination, is furnished by Dr Leidy.
Admitted July 30/62 Frederick Wirth. Co. "G" 72nd Pa. Vols. died with Chronic Dysentery Aug. 3rd 1862. Examination made Aug 4th. The organs of the chest were healthy. The liver, stomach, and spleen appeared normal. The mucous membrane of the ileum, and the agminated glands were inflamed and thickened but not ulcerated. The mucous membrane of the colon was inflamed especially towards the two extremities. The middle portion was mottled red, grey and slate color; the extremities were dark red. Throughout its entire extent there were innumerable ulcers, about the size

See Pa. case with 3004 post 9.

of peas; many of them extending to the muscular coat.

6483a 37 38
Nos 280. 281. Enlargement and ulceration of the agminated
282 & 283. follicles of the ileum, with enormous enlargement of
39 40 the solitary follicles. (Camp fever)

7727 to 7730.

Presented by Surgeon J. H. Bryant U. S. V.
Lincoln General Hospital
Washington D. C.

The specimens consist of four successive portions of the ileum, presenting ~~enormous~~ enlargement and thickening of the agminated glands. The solitary follicles enlarged to the size of small shot, project as polypoid tumors from the surface of the mucous membrane. At the apices of many of these tumors, one or more small orifices, the indication of commencing ulceration, can readily be recognised.
The patient from whom these specimens, were taken died of Typho-malarial fever, in the Lincoln Hospital. The diagnosis of the ward physician was Typhus fever.

ileum 1877 April 31 (?)
No 284. Ulceration of the ~~colon~~. (Chronic Diarrhoea).
6483 6485
7731

Presented by Asst. Surgeon Warren Webster U. S. A
Douglas General Hospital
Washington D. C.

See Microscopic Section, Nos. 7254 & 7258. ileum
The specimen consists of a portion of the ~~colon~~, the mucous

membrane enormously thickened, with numerous irregular and profound ulcerations, some of them penetrating quite to the peritoneal coat. (The slit which has been sewed up near the centre was of accidental formation).
The patient died in the Douglas Hospital of Camp Diarrhoea during the winter of 1862.

No. 285.
b403 to 1?
7732

Ulceration of the colon. (Chronic Diarrhoea).

Presented by Surgeon Welling U.S.A.
Field Hospital Army of the Potomac
Virginia

The specimen consists of a portion of colon, mucous membrane enormously thickened and presenting numerous irregular and profound ulcerations.
The patient died of Chronic Diarrhoea in the Field Hospital of the Army of the Potomac during the summer of 1863.

Nos 286 & 287.
b463 to 19 & 20
7733 to 7734

Ulceration of the colon. (Chronic Diarrhoea).

Presented by Surgeon Welling U.S.A.
Field Hospital Army of the Potomac Va.

The specimens consist of two successive portions of the colon, mucous membrane greatly thickened and presenting numerous ulcerations, the point of departure of which is evidently the solitary follicles.
The patient died of Chronic Diarrhoea in the Field Hospital of the Army of the Potomac.

Nos 288 & 289.

64 83 & 74 & 75

7735 to 7736

Enormous ulceration of the colon. (Chronic Diarrhoea).

Presented by Asst Surgeon Wm. Thompson U. S. A.
Douglas General Hospital
Washington D. C.

The specimen consists of two successive portions of the colon, the mucous membrane thickened, the solitary follicles ulcerated, the surface of the mucous membrane coated with pseudo membranous matter; besides the above in No. 288 is to be seen one, in No. 289 several vast, jagged eroding ulcers, which have destroyed the mucous coat and expose the transverse fibres of the muscular coat freely at their bottoms.

The patient from whom these specims were taken, Private Jacob Klein Co. I 108th New York Vols. aet 24, was admitted into Douglas Hospital Feb. 13th 1863. He had been taken sick at Aquia Creek Va and was brought thence in a very feeble condition. On his reception into the Hospital he was found greatly emaciated, so feeble as to be confined to his bed, pulse 110, tongue clean and red, stools frequent and liquid. He was ordered three powders daily, containing each two grains of opium, tannin, alum and catechu; a diet of scalded milk was ordered. On the 27th his condition had somewhat improved, pulse was 95; tongue clean and moist, and he began to have some appetite, the stools were less frequent; powders of two grains of Quinine, half a grain of Morphine, and five grains of sugar, three times daily, were substituted for the former treatment; the diet as before.

March 2nd. Pulse 85, skin moist, tongue clean, but rather dry; bowels moved three times during the day; there was some tenderness in the umbilical and left iliac regions. The treatment was continued, and eggs were allowed in addition to the other diet.

March 12th. Appearance of the patient has improved his appetite is moderate; his countenance more cheerfull; the abdominal tenderness has disappeared, but he is still very feeble and much emaciated. The treatment was continued with the addition of suppositories of

Opium and Tannic Acid; the diet as before with the addition of milk punch, and beef tea.

March 17th. Notwithstanding the supportive treatment the patient is gradually sinking; tympanites has made its appearance, the whole abdomen is tender and painful especially over the descending colon; there is however no tenesmus, the tongue and skin are dry.

March 18th. Patient very weak, tongue dry, skin dry, thirst and anorexia, considerable tympanites, whole abdomen tender, with much pain in the epigastric region; there have been two stools in the last twentyfour hours, which have been light yellow in color and liquid, and unaccompanied by tenesmus; micturition painful, but the urine normal. From this period emaciation and debility gradually progressed, and patient died March 20th 1863.

Post mortem appearances.

Pleuritic adhesions of the lower lobe of right lung. Heart small but normal. Nutmeg liver. Spleen somewhat indurated. Kidneys normal in size, cortical portion somewhat pale. Stomach much contracted but otherwise healthy. The small intestine with patches of inflammatory congestion. The colon with mucous membrane somewhat thickened, was plastered over with a pseudo-membranous matter of a whitish color, and presented numerous vast ulcerations similar to those in the specimens.

No 290. Lumbricoid worm in the trachea, with fatal results.

7737

Presented by Acting Asst. Surgeon Ward U.S.A.
3rd Div. U.S.A. General Hospital
Alexandria Va.

The specimen consists of larynx, trachea, and a portion of the right lung; the air passages laid open from before, and exhibiting a large lumbricoid worm which lies

extended in the larynx, trachea, and right bronchus, the lumbricoid finding its way into the air passages from the oesophagus. The patient was choked to death Jan 20th 1864.

1845.

Nos 291. 292. 293 & 294.

Cancer of the liver and stomach.

Presented by Asst Surgeon J. C. McKee U. S. A.
Lincoln General Hospital
Washington D. C.

No 291. Consists of a portion of the greater curvature of the stomach, presenting at a point corresponding to the centre of the greater curvature a cauliflower-like carcinomatous tumor nearly the size of the palm of the hand. (See drawing medical series)

Nos. 292. 293. & 294. Are slices of the liver of the same patient. In No. 292 taken from the left lobe the hepatic tissue is almost entirely replaced by the cancerous mass. In No 293 taken from the left extremity of the right lobe, the same condition is observed. In No 294 taken from the right portion of the right lobe, the quantity of hepatic tissue is much larger, but it is filled with numerous tumors varying in size from that of a pea to that of an egg. (See drawing medical series). At the time of its reception the liver weighed 8¾ pounds.

The following history of the case is furnished by Dr Henry McDean. Peter Smith, Private, 36th, 2nd Pa Cav, age 45 admitted Feby 12th 1864. Feb. 19th 1864. Took charge of the ward, when upon inquiry the patient gave the following history.

Had been in the army about 17 years, was first wounded at the battle of Chapultepec, and again at Buena Vista, he also received a slight wound at Antietam and Gettysburg. Has always been very healthy until about the first of December 1863, when he was out in a very severe storm, he did not however go to a hospital until about the first of February 1864.

He is very tender on pressure over the region of the liver, which is very much enlarged, and there is quite a prominence near the free margin over the region of the gallbladder. Patient is very anaemic, has slight anasarca of the lower extremities.

Feb. 29th. Had a very severe spell of vomiting, the matter expelled being of a greenish hue. The anasarca is very much worse.

March 11th. The dropsical condition has become general, his thighs are swollen to twice their original dimensions, his scrotum and prepuce are very much distended; the abdomen apparently contains but little fluid, but the fascia covering it is very oedematous, upper extremities very oedematous, face but slightly so.

March 12th. His scrotum and thighs are very much reduced in size. Eats but very little which is mostly expelled soon after being taken, as are his medicines, which have been tonics and stimulants, with occasionally a mild cathartic. Was not able to detect any abnormal heart sounds.

March 14th. Tenderness over the region of the liver and vomiting are about the same. The abdominal dropsy is more extensive. His heart was again examined but no abnormal sounds could be detected. His urine has been examined several times for casts and albumen but none were detected. There is no puffiness of the face, on the contrary it is very thin and sharp.

The fluid in the abdomen gradually increased, and the patient gradually grew weaker; with these exceptions he remained about the same until March 30th when he seemed to be in a great deal of pain, until within ten minutes of his death, which took place at 2 P.M. He appeared to have his reason to the last.

The following account of the Post mortem examination is furnished by Dr. W. M. James.

Peter Smith, aged 45, Private Co "H" 2nd Pa. Cav. Died 2 P.M. March 30th 1864. Height 5 feet, 10 inches.

Autopsy 20 hours after death.

Body very much emaciated. The lower extremities and cellular tissue covering the greater part of the body, were very oedematous. Brain not examined.

Thorax: Each pleural cavity contained about one pint of serum. The right lung contained upon its surface extending slightly into its tissue several small white hard deposits of cancerous matter. The deposits varied in size from a pins head to a pea. There were also a few isolated deposits of small size throughout the lung tissue. The lung gave no other morbid appearances and weighed 24 ounces. The left lung was in a similar state and weighed 20 ounces. The pericardium contained 2½ ounces of serum. The adipose tissue covering the heart was infiltrated with serum giving it a yellowish color. The aortic valves all contained calcareous deposits. One of the mitral valves contained a like deposit in its free margin. Heart otherwise healthy and weighed twelve ounces. At the termination of the descending aorta there was a calcareous deposit in the middle coat the size of a three cent piece. The iliacs external and internal on either side, and the left epigastric contained calcareous deposits forming complete rings around the vessels.

Abdomen contained five quarts of serum. The liver full of cancerous tumors measured 11½ × 9 × 5 inches, and weighed 8¾ pound or 140 ounces Av:. It extended from the middle of the sixth rib on the right side at its upper margin, and upper margin of eighth rib at its middle on the left side, downwards to within an inch of the umbilicus. The upper surface was adhered to the peritoneum and diaphragm by distinct and elevated nodules, varying in diameter from half to one and a half inches. Below it was adhered firmly to the transverse colon, stomach, and duodenum. The pancreas (6½ × 2 inches) weighed 3½ ounces. Near its centre on the free surface was a tumor (1¼ × ¾ inches) extending into its parenchymatous tissue. The tumor on section was of a very firm consistance, and whitish in color centrally, becoming pinkish at the margins. One half inch below the tumor described was another of similar character and dimentions also firmly connected with the pancreatic tissue.

Spleen weighed six ounces and was healthy. Kidneys weighed each five ounces and appeared healthy.

Oesophagus healthy. The stomach on its convex surface

internally two and a half inches from the pyloric orifice, presented a large cancerous mass (2½ × 2½ × ¾) of an irregular surface and pinkish color. At a corresponding point on the external surface was a deposit (1½ × 1 × ¾). The stomach gave nothing further of an abnormal character. The intestines were healthy. The prostatic gland and bladder also were healthy.

Microscopic examination, showed a well-developed fibrous stroma, in the meshes of which the numerous large nucleated cells were imbedded. The stroma at the periphery of the lobules was continuous with the connective tissue of the liver. (See preparations in the Microscopical Cabinet).

Washington May. 31. 64

No 295. Metastatic abscesses of the liver.

14582 4

7742

for Army Surgeon base from 8/ to 65 Lamb

Presented by Asst: Surgeon Edw'd Breneman U. S. A.
In charge of Field Hospital
1. Brigade 1. Division. 5. Corps Army of the Potomac

The specimen consists of a portion of liver, presenting a number of socalled metastatic abscesses.
At the time of its reception at the Museum, the liver from which this specimen was taken, had so far advanced in decomposition, that it was impossible to examine effectually into the microscopic character of the fluid contained in the abscesses.
The following letter from Dr Breneman, contains the history of the case.

Hospital 1st Brigade 1st Div. 5th Corps
April 12th 1864.

Doctor:

I have the honor to forward to you by Adam's Express for the Army Medical Museum a fine specimen of multiple abscesses of the liver, removed this morning

from the body of Joseph Price, aged 16, formerly a musician in the Band of the 14th U. S. Infantry, who died yesterday after an illness of eighteen days.

He joined the regiment on the 24th of March 1864, and stated to me that while in Washington on his road to the Army, he was compelled to brave the severities of a snow storm and even to sleep in the snow.

Since his admission on 3rd of April 1864, he had colliqu=ative diarrhoea, accompanied with quotidian chills, but no nausea nor vomiting, terminating in involuntary dis=charges, and death from exhaustion.

The autopsy in addition to the diseased liver, developed extensive peritonitis, as well as pericarditis. The heart, lungs, stomach, spleen, pancreas, intestines, kidneys, and bladder, were found apparently healthy. I regret ~~at~~ not having a microscope available for the examination of the removed organ.

Very Respectfully
Your obedient servant
(Sgd) Edw Bruneman
Asst Surgeon U. S. A.

Asst Surgeon J. J. Woodward U. S. A.
Surgeon Generals Office
Washington D. C.

Nos 296. 297. & 298. Ulceration of the colon and tubercles of the spleen.
648 3rd 21 & 22 648 ½ (Chronic Diarrhoea).
7743 to 7745

Presented by Surgeon Edwin Bentley U. S. V.
3rd Div. U. S. A General Hospital
Alexandria Va.

No 296. Consists of a portion of the ascending colon near the coecum.
No 297. Of a portion of the right extremity of the transverse colon.
The mucous membrane of both considerably thickened and

presenting each several follicular ulcers.

No 298. In the spleen of the same patient presenting a large number of small tubercles just beneath the peritoneal surface.
The patient David B. Jones. Private Co: "K" 11th Tenna: Vols. born in Ireland; 29 years of age; unmarried; was received into Hospital March 24th 1864. He had suffered from Chronic Diarrhoea for about four months, and was in a greatly exhausted condition. He was of scrofulous constitution.
He was treated after a dose of oil and laudanum, by pills of Opium and Tannin, by which his passages were reduced to one daily; nevertheless he rapidly sank and died comatose March 30th 1864. Stimulants and nutrients were freely used from the time of his admission into hospital.
Post mortem examination showed the stomach and small intestine to be healthy. The mucous membrane of the colon thickened, softened, and ulcerated. Tubercles in both lungs, especially in the upper lobe of the right lung, where there was also an abscess containing about an ounce of fluid. The spleen also contained numerous tubercles.

Nos 299 & 300 Tumor involving the upper portion of the cerebellum.

61 81 & 445.

7746 to ~~7747~~ specimens are in one jar

The two specimens are believed to be the same.

5/84.

Presented by Act: Asst. Surgeon H. M. Lilly U.S.A.
U.S. Army General Hospital No 1.
Nashville Tenn.

The specimens consist of the two lateral halves of the cerebellum, divided by a perpendicular section in the median line. In the median line and at the superior anterior portion of the cerebellum is a spherical tumor the size of a walnut.
Microscopical examination was attempted after the specimen was received at the museum by Dr Woodward Delicate cells of immature connective tissue in great abundance interspersed with numerous large oval vessicles believed to be atrophied nerve cells and which

were surrounded concentrically by spindle shaped connec=
=tive tissue cells were observed, together with numerous
plates of cholesterin.

The specimen is
believed to consist of a sarcomatous growth entangling
atrophying nerve elements. It is much to be regretted
that the state of the specimen when received did
not permit a more perfect examination.
The following history of the case is furnished by
Dr Lilly.
"Private John Malon, Co "C" 52 Ohio Vols, aged 28 years; was
admitted into this Hospital Feb. 2nd 1864. On Feb 24th "
the patient was transferred to my ward."
"The symptoms were clearly those of some lesion of the
brain; but the exact nature of that lesion was not
so clear. He was a little feverish, had a severe pain in
the head, but no delirium, no paralysis, and no convu=
=lsions, he was however inclined to be eccentric in his
actions, silly and even idiotic. He kept his bed most of
the time and died lethargic but not strictly coma=
=tose."

Post mortem.

The surface of the cerebrum was somewhat flattened
as if by pressure from within. Lateral ventricles con=
=tained two ounces of limpid serum. A tumor an inch
in diameter was found in the cerebellum, over the valve
of Vieussens. This tumor was bounded laterally by the
square lobes and behind by the lobulus Centralis, the
corpora quadrigemina lying in front and the tentorium
above. According to the records of Hospital No 1 Nashville
Tenn Private John Malon was admitted Feby 2nd 1864 with
Chronic diarrhoea and died March 23rd 1864

Letter April 1-64

No 301. Inflammatory thickening of the epiglottis (Oedema).

63 51 21

T148

Presented by Surgeon F. K. Spencer U. S. V.
2nd Div. U. S. A. General Hospital
Alexandria Va.

The specimen consists of a portion of the tongue the larynx, and a part of the trachea laid open from behind. There is considerable oedematous turnsfaction of the mucous membrane of the epiglottis and the submucous tissue.
The patient Corpl. Samk. Dillingham Co. "H" 24th Regt. V.R.C. 22 years of age, was admitted to Hospital March 29th 1864. convalescent from Typhoid fever. He complained of some sore throat; gargles of Chlorate of Potassa were directed, and stimulants and tonics were given internally. At 6 o'clock in the morning of March 31st he was suddenly seized with difficulty of breathing and expired asphyxiated.

No 302. Inflammatory thickening of the epiglottis (Oedema)

b 35162

7749 Presented by Asst Surgeon W. F. Okie U. S. A.
Taylor General Hospital
Louisville Ky.

The specimen consists of larynx and trachea laid open from behind, with well marked oedema of the epiglottis. Mucous membrane of the larynx and trachea apparently healthy.
The patient Private Hanson Sherwood, Co. "C" 1st Mich. Cav. was admitted ~~to the Taylor General Hospital~~ Feb. 4th 1864 laboring under Chronic Diarrhoea for which he was put under treatment. On the morning of Feb. 22nd he was suddenly seized with difficulty of respiration and died at 4 P.M. the same day. The epiglottis was scarified a few minutes prior to death, and preparations for laryngotomy were being made when he expired.

No 303.

6652 No 2

7750

Perforation of the cranium by atrophy, consequent upon enlargement of a Pacchionian granulation.

Presented by Asst Surgeon De Witt C. Peters U. S. A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of the calvarium, which presents on the right side of the sagittal suture, about two inches posterior to the coronal suture, a perforation about the half of an inch in diameter; on the inner side it is seen that the perforation leads to an irregular conical excavated fossa on the inner surface of the right parietal bone, and corresponding in its position with one of the pacchionian granulations. Near the fossa is another of similar significance which however does not penetrate to unusual depth.

No 304.

by No. 4

7751

Elephantiasis Tuberculosa.

Presented by Asst. Surgeon C. C. Gray U. S. A.
General Hospital No. 8.
Nashville Tenn.

The specimen consists of a plaster cast of a part of the left leg, presenting a livid patch somewhat larger than the hand, from which project innumerable smooth tubercles varying in size from that of a small shot to that of a large pea. Judging from the specimen, the photograph sent with it, and the following letter from Dr. Gray, the case is believed to be one of Elephantiasis Tuberculosa.

Dr Gray says:

Private John B. Beck, Co. "E" 15th Ky. Vols; was admitted June 24th 1863. with an uncertain disease involving the

greater portion of the superficial tissues of calf of left leg.
The patient states that he suffered from the same disease in the same part nine years since, and that after a year it disappeared; having in the mean time been subjected to various treatment from different medical men.
He states that the disease presented itself again about one month since; that it has extended; and that after treatment by his regimental medical officer, he has been sent to Hospital as invalided.
The appearance of the diseased part is exhibited by the accompanying photograph and cast.
The papular character of the disease is apparent. The color is livid; and on separating the warty prominences a watery liquid exudes. It has been variously diagnosed. The greater number of observers however agree in calling it a variety of Elephantiasis; an opinion however to which Surgeon Goldsmith U.S.V. of Louisville dissents; he considering it condylomatous.
Patients general health and appearance excellent. Suffers no pain while at rest; but part "aches" when he attempts to walk, (which he does about the Hospital); no appearance of Syphilis; and says never has had it.
There were no results from treatment.
Patient was transferred to General Hospital Louisville Ky. August 7th 1863.

Nos 305 & 306. Lobulated spleen and kidney.

Presented by Surgeon Edwin Bentley U.S.V.
3rd Division U.S.A. General Hospital
Alexandria Va.

No 305 Consists of the right kidney presenting on its anterior surface several deep depressions marking out distinct lobules.

7752 & 7753

No 306. Ps the spleen of the same patient, presenting on its convex edge four deep fissures radiating from the concave border; approaching thus to the lobulated condition of the spleen of the lower animals.
The patient from whom these specimens were taken, was an American 21 years of age.

Nos. 307 & 308

64 133 20 & 21

7754 to 7755

See Dr Miles case book MS — page 40

Peritonitis.

Presented by Asst. Surgeon De Witt C. Peters U.S.A.
Jarvis General Hospital
Baltimore Md.

The specimens consist of two successive portions of the ileum, the mucous membrane of which presents ulcerations of both solitary and agminated follicles. The peritoneal surface is covered with pasty masses of crupous lymph.
The patient J. E. Everts, a private of Co. "G" 2nd Tenn. Inf. 22 years of age, was admitted April 13th 1864. in the last stage of emaciation and suffering from Chronic Diarrhoea. He was a paroled prisoner. Died May 2nd. 1864.
The following account of the Post-mortem examination, is furnished by Act. Asst. Surgeon. B. B. Miles U. S. A.
"A large tubercular cavity in the middle lobe of the left lung. Two quarts of effusion in the left pleura pushing the heart to the right side. A cavity in the middle lobe of the right lung; the upper lobe consolidated by the deposition of tubercular matter. Extensive adhesions of the right pleura. Heart flabby, and pale, but normal in size. Aortic valves thickened. Spleen soft. Gall-bladder empty.
General peritonitis, with effusion of pasty lymph, involving especially the lower part of the ileum, and the caput-coli. Portions of the large omentum, the mucous membrane of the lower part of the ileum, and of the rectum, were in a gangrenous condition"

Note by Asst. Surgeon J. J. Woodward U. S. A.
No mention is made as to the presence or absence of a perforation of the ileum or of the colon in the above case. In the specimen as forwarded no indication of gangrene of the mucous membrane could be observed. The case was probably one of tumultuous peritonitis, consequent upon the perforation of an intestinal ulcer.

No 309. Tubercular cavity in the upper lobe of the left lung.

63294
Dr. White coll. Wash
Dr White Md — Prof 40

Presented by Asst. Surgeon De Witt C. Peters U. S. A.
Jarvis General Hospital
Baltimore Md.

7756

The specimen consists of a portion of the upper lobe of the left lung, presenting at its lower part a tubercular cavity about the size of an English walnut.
The patient Jesse Cooly, Co. "H" 11th Ky. Cav. was admitted April 18th 1864. and died May 2nd 1864. of Phthisis Pulmonalis. He was a paroled prisoner.
1 by Asst. Surg. U. S. A. White
Post mortem examination showed tubercles in both lungs with the cavity above described. Effusion of a turbid bloody serum in the left pleural cavity. Adhesions of the right pleura. Effusion in the pericardium. Spleen soft. Kidneys fatty. Aorta atheromatous. Left cavity of heart in left ventricle
Letter dated May 4 - 64.

4291510 12528?

Nos. 310, 311. & 312. 12528?

Atheroma of the aorta, with slight valvular disease of the heart.

7757 to 7759

Presented by Surgeon Caleb W. Horner U. S. V.
U. S. A. General Hospital No 1.
Nashville Tenn.

No 310. Consists of the heart and a small portion of the aorta, the left ventricle laid open to expose the semilunar valves, which are the seat of small calcareous deposits. The aorta is atheromatous with occasional calcareous patches.

No 311. Consists of the arch and a part of the descending aorta of the same patient, slit open to expose its interior surface. Atheromatous patches are numerous throughout, and calcareous deposits in many places.

No 312. Is the remainder of the descending aorta and a part of the common iliacs of the same patient. The disease has advanced to a higher degree in this portion; to many of the roughened patches fibrinous clots derived from the blood, adhere.

See Original M.S. & page 68, Case 25 of Tumours for history.

No history of this case has been received. Nov. 5-64.

April 12th 1864

No 313. Connective tissue tumor of the spleen. and Osteophyte of Dura Mater.

4292?1.

No. 314. 4292. Sec 2. D2.

77760

313 Connective tissue tumor of the spleen.

See Original M.S. and page 80, Case 313 of Tumours for history.

Apl 12-64

The specimen is an oval tumor the size of a walnut, consisting of layers of partially developed connective tissue, arranged concentrically, the most central part of the growth is cretefied. The spleen was otherwise healthy.

No history of this case has been received. Nov. 5-64

No. 314.

Osteophyte of the falx cerebri.

Presented by Surgeon Caleb W. Horner U.S.V.
U.S.A. General Hospital No 1.
Nashville Tenn.

314

The specimen consists of a portion of the dura-mater, from some patient, with the central part of the falx attached. A plate of true bone two inches in length, one fourth to three fourths of an inch in breadth, and irregular in outline and thickness, is imbedded between the two layers of the falx. At the upper portion of the specimen, the falx has been dissected away so as to expose a part of the bony plate.
No history of the case has been received.

315. 316

Nos ~~335 & 336~~.

7762 to 7763

Thickening and ulceration of the agminated glands of the ileum. (Camp fever).

Presented by Act. Asst. Surgeon W. L. Wells. U. S. A.
McClellan General Hospital
Philadelphia Pa.

The specimens consist of two successive portions of the ileum, showing thickening and some ulceration of the agminated glands.
The following history of the case is furnished by Dr. Wells.
Daniel S. Keeney. Private, Co "C". 110 Pa Vols, aged ~~46~~ 24, occupation previous to enlisting, butcher, unmarried, was admitted to this hospital July 11th 1863. with a flesh wound of the right hand received at Gettysburg July 2nd 1863. This wound granulated favorably under water dressings.

July 22nd - complains of sore mouth. Small ulcers on side of mouth and tongue. Mouth wash of Borax, Glycerine & Water. Myrrh

About July 25th, he began to suffer from languor and debility, but did not complain until the 29th, when he presented a furred tongue, and diarrhoea, (two or three passages daily). The following was directed.

℞. Calomel 2½ grains
Powdered Specacuanha
Powdered Opium (of each 2 grains
Make 20 pills.
One every four hours.

Aug. 9th. The fever increasing; patient sleepless; pills to be taken every three hours instead of every four hours, also the following.

℞. Solution of the Sulphate of Morphia ½ oz.
Solution of Citrate of Potassa 4 oz.
Take two fluid drachms every three hours.

Aug. 10th. Slight cough, with sonorous and sibilant rales.
Aug 11th. Rose-colored spots on the abdomen and chest, tongue dry, general abdominal tenderness, debility increasing. Ordered in addition to former treatment, a teaspoonful of liquorice mixture every two hours.
Aug 13th. Discontinued the calomel pills; ordered an ounce of sherry and three drops of oil of turpentine in emulsion every three hours. Liquid diet, consisting of Milk, chicken soup, and beef essence; no solid food.
Aug 15th. Some delirium. Mucous rales as well as sonorous sibilant on right side. Four dry cups to back of chest. Discontinued morphia and neutral mixture. Directed four grains of carbonate of ammonia in emulsion every two hours. Directed four eggs daily to be taken raw, beaten up with wine.
Aug 17th. An ounce each of wine and milk punch every two hours.
Aug 18th. Five or six passages daily. Subsultus tendinum. Stupor, from which however he can be aroused. Two ounces of wine and one of milk punch every hour. An injection of half an ounce of brandy with syrup and gum water. Same day, later. Gradually increasing difficulty of swallowing. Wound of hand sloughing. Abdomen tender but no tympanites.

Tenderness in right iliac fossa

Aug 19th. Died at 6 P.M.
Post-mortem. Aug. 20th. at 11 A.M.
Rigor-mortis slightly marked, no disagreable odor emanating from the body. Abdomen flat. Jejunum normal. Ileum congested. Agminated glands thickened, a few near the coecum ulcerated. Lungs congested, especially on the right side, but no hepatization. Liver, heart and kidneys normal.

Surgeon Army 21-63

1645 D77 P7

Nos 317, 318. Ulceration of the ileum and colon, Chronic diarrhoea
319 & 320.
79 8

Presented by Act. Asst. Surg. E. B. Vandyke U.S.A.
Christian Street General Hospital
Philadelphia Pa.

1764 to 1767

Nos 317, 318 & 319. Consist of successive portions of the upper part of the ileum presenting large irregular ulcerations penetrating to the muscular coat, and corresponding apparently in position to the agminated glands.

No 320. Consists of a portion of the colon of the same patient, somewhat thickened and presenting numerous large and irregular ulcerations which penetrate to the muscular coat. A number of enlarged mesenteric glands, are attached to the peritoneal surface of the piece.

The patient Private Joseph K. Reid, Co. "H" 82nd New York Vols, was admitted to this Hospital December 14th 1862. labouring under chronic diarrhoea and phthisis. He died December 31st 1862. It is not known whether he had previously laboured under camp fever.

Surgeon U.S.A. 1863

No 321.
6485 Ft6.

7768

Medullary cancer of the liver.

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

The specimen consists of the central portion of the liver, in which are imbedded a number of large medullary nodules. A medullary tumor four inches in long diameter, oval, smooth, and nodulated, lies just below the portal vein.

The following history of the case, is furnished by Dr. Culbertson.

Case of the Rev. L. Mason late Chaplain of the 12th Regt Wisc. Vols. (Co. F.)

"A few days ago I was called in consultation with Dr. John Farill (A.A. Surgeon) of Madison Wisc, to see the above named gentleman, who had resigned his chaplaincy some seven months ago on account of his ill health, incurred by about one year's field service in the army. I was told that he had suffered before his resignation with slight chronic "diarrhoea."

Symptoms. Pain in the epigastric region of a dull character; occasional vomiting, indigestion, and emaciation. Dullness on percussion over the liver, and also in the umbilical region. Constipation. A sallow complexion. Taxis showed the liver to be enlarged with nodules on its surface, and also a well defined tumor in the umbilical region. The patient stated that the disease had progressed rapidly within the last three months.

Diagnosis. Cancerous disease of the omentum and liver.

Rec'd May 21-64

Treatment. Anodynes.

Post-mortem. May 22nd 1864.

Liver enlarged, and on its anterior surface several round and slightly elevated bodies, each about an inch and a quarter in diameter, over the surface of which a few vessels ramified; these bodies were a little harder than the structure of the liver -

On cutting into them, the centre was found soft-
=ened, and a soft white matter was obtained. On
exposing some of this matter under the micros-
=cope, numerous cells containing nuclei and granules
were seen. On the application of Acetic acid, the
cell walls were dissolved, the nuclei remaining
unchanged. The tumors were regarded as medullary
carcinoma.
The same disease was present in the duodenum,
and at the pylorus, and included a portion of
the upper part of the mesentery. The mesenteric
glands were not enlarged. The stomach was
largely distended with a coffee ground fluid,
which accumulation was no doubt caused from
the pyloric orifice being closed by the inroads of
the disease. The transverse colon was also involved.
The kidneys were healthy, but paler than natural.
The lungs and heart were healthy.

Surgeon May 23-64

No 322. Perforation of the colon. (Chronic diarrhoea).

6413 6109

7769

Presented by Surgeon A. Hăñd. 8th Ill. Cav.
Regimental Hospital near
Washington D. C.

The specimen consists of a portion of the ascending colon, thickened and presenting a number of ragged irregular ulcerations, two of which have perforated.
The following history of the case is furnished by Dr. Hăñd.
Private Frederick Gewecke. Co. "K" 8th Ill. Cav. A German recruit, aged 24, light complexion; former occupation a clerk; was admitted into Regimental Hospital May 6th 1864. He had been under

treatment in Camp with diarrhoea alternating with constipation. His breath was very offensive, resembling emanations from putrid animal matter. Obstinate diarrhoea soon supervened with fever of an adynamic type. This state continued with anorexia and emaciation till May 18th when he had a hemorrhage from the bowels, which was arrested, but not permanently by enemata of per-sulphate of iron and Laudanum. Patient died May 23rd 1864.

Post-mortem examination showed the mucous membrane of the small intestine, softened and ulcerated in patches; the mucous membrane of the colon from the coecum to the rectum, ragged with irregular ulcerations; there were several perfora=tions.

June 29th 1864.

No 323. Small carbuncles of the back of the left arm; from a fatal case of anomalous carbunculoid disease.

Presented by Act. Asst. Surg. T. Woolley Cunyngham U. S. A.
Sherburne Barracks
Washington D. C.

The specimen consists of a piece of integument, from the back of the left arm, presenting several small carbuncles.

The patient a Private of the Veteran Reserve Corps, was taken sick in May 1864, with Idiopathic erysi=pelas of the hand and forearm. He became comatose on the second day, and small carbuncles similar to those in the specimen appeared over the whole body. He died on the third day.

1/4 Mus. 1.
2770
Pres. Thomas Sharpe, U. S. 19th Veteran Reserve Corps
Per Surgeon U. S. A. for details

No 324.

6463 I 60

7774.

Ulceration of the ileum and ~~colon~~ cæcum. (Camp fever?)

Presented by Surgeon A. Hazard. 8th Ill. Vols.
Regimental Hospital near
Washington D. C.

The specimen consists of a small portion of the ileum and a part of the coecum, presenting numerous ragged ulcerations.
The following history of the case, is furnished by Asst. Surg. Thos. W. Stull. 8th Ill. Cav.
N. Henry Downing, Private, Co "A" 8th Ill. Cav. was admitted to Regimental Hospital June 18th 1864. He is of bilious temperament, strong and athletic. Has not felt well and vigorous for several weeks, but has remained on duty until admission.
Symptoms at time of admission were: Severe head-ache confined to region of temples; eyes suffused and painful, pulse 100 and small. Skin hot and dry, tongue heavily coated with a dark yellow fur, the edges being of a livid hue. Total loss of appetite. Sleeps tolerably well, has some dull pain through the hips and lower extremities; bowels quite loose. Was placed upon powders of Quinine and Chlorate of Potassa, taking 25 grains of the former in 24 hours.
June 19th. Appearance is better. Pulse 80, and more full. But little head ache. Tongue more moist, is protruded naturally and is not so dark. A little pain and tenderness in the ileo-coecal and hypogastric regions. Slight epistaxis.
Continue the quinine, and also take a saline diuretic and diaphoretic mixture.
June 20th. As much the same as yesterday. No sordes on the teeth. Tongue has a little thicker coat, through the edges of which are seen protruding the red pointed papillæ; mouth gets dry; has a slight cough. On examination of the chest there appears to be no dullness, and only a

a slight mucous rale. Continue mixture.
June 24th". Has remained much the same up to this date. Countenance is now bright and pleas=ant. Mind clear. No pain. Pulse 120, and full. Vomited a little greenish glairy fluid this morn=ing. Coating of the tongue not so dark, and the edges are pale. Exacerbation of fever in the afternoon. Ordered 25 grains of Quinine with Chlorate of Potassa in 24 hours.
June 25th". Skin moist and cool; pulse 96. A little pain in the bowels. Continue diuretic mixture and apply fomentations to the abdomen.
June 29th". Is feeling quite well today. He compl=ained of a feeling of fullness of the bowels yes=terday, for which castor oil was ordered, and gave relief. Pulse 102.
June 30th". Was suddenly seized last evening with sharp pain, which he referred to region of blad=der and penis; said he was unable to void his urine. On passing the catheter it was found that none was secreted. This morning the pain is not at all relieved, but has extended over the whole abdomen, which is very tender to the touch. Countenance anxious. Pulse 120 and small. Tongue is moist but still has the light colored fur, edges pale. Prefers to lie upon the right side with thighs flexed. Skin moist and cool, except over the abdomen. Slight hiccough. One grain of morphia and one of calomel were given at once, and half a grain of each ordered every hour. Turpentine liniment with fomentations, was applied to the abdomen, and he was also given a solution of veratrum.
July 1st". Is feeling very easy this morning, counten=ance calm, and the features not so sharp. Passed several ounces of urine this morning. Pulse 104. Bowe=ls a little tympanitic.
July 2nd". Was taken suddenly worse yesterday forenoon. Intense pain referred to the region of the bladder. Very large doses of morphine were

administered, and with but little relief. The patient died at 2 oclock this morning.
Post mortem examination 10 hours after death by Surgeon A. Hand.
Liver, spleen and kidneys healthy. There was a perforation of the ileum about four inches from the ileo-coecal valve, and very extensive inflammation of the peritoneum extending over the entire surface of that membrane, with extensive adhesions.
Note: The specimen received at the Museum, does not include the perforation.

Letter July 2-1864

Nos 325 & 326. Metastatic infarction of the spleen. (Typho malarial fever.)

9772 to 7773

Presented by Asst. Surg. Geo. A Mursick U.S.V.
Stanton General Hospital
Washington D.C.

No 325 Consists of a perpendicular section of the spleen.
No 326. A portion of the remaining segment of the organ.
These specimens show the spleen to have been lobulated, considerably enlarged, and irregularly infiltrated with metastatic masses. (So called metastatic abscesses).
When received at the Museum the spleen was so soft as to be easily torn with the finger, of a livid blood color in part, and partly bluish black; the metastatic foci were of a bright yellow color.
Microscopical examination by Asst. Surgeon J. J. Woodward U.S.A. showed these foci to consist entirely of granular matter, in which were imbedded the partly disintegrated anatomical elements

of the normal splenic structure. The condition of the organ was in fact identical in all particulars with the condition most frequently observed when the spleen is affected in Pyemia consecutive upon Gun shot wounds.

Two small portions of the liver were received at the same time; they presented extremely minute metastatic foci in considerable numbers. The specimens were not adapted to preservation.

When in addition to the state of the liver and spleen in this case, the Empyemia described in the following history is taken into consideration, the similarity existing between the conditions here detailed, and those present in Traumatic Pyemia, becomes well worthy of consideration.

The patient had not been wounded and the point of departure whence the metastatic process originated, was not detected.

The following history of the case, is furnished by Dr. Kinsick.

Private Niles Ivers. Co. "F" 6th Wisc Vols., was admitted to Stanton General Hospital April 25th 1864 from the field, sick of Typho-malarial fever. He stated that he had been sick for about a week with fever, coming on with "chills". When admitted he was much prostrated; bowels were loose, tongue dry, coated, and brown in color with red edges.

Treatment: Quinine, stimulants and nutriment.

A few days after admission he complained of a pain in the side, his respirations were accelerated and he had some cough; a succession of blisters were applied to the side; other treatment continued. He gradually improved and the fever subsided. A considerable quantity of fluid however remained in the pleural cavity, to promote the absorption of which, the Iodide of Potassium was given in free doses, and an occasional blister was applied.

About the first of June he began to show symptoms

The fluid did not diminish much in quantity, consequence was exceedingly slow & he was unable to leave his bed.

of Hectic. Had fever at irregular intervals, and profuse sweats. His appetite was very poor, and he would take but little other nourishment than milk punch. The quantity of fluid in the chest was not large, and his respirations were not embarassed to any extent. He did not complain of chills or rigors at any time after admission. He gradually failed until June 23rd when he died.

Autopsy 24 hours after death.

Body much emaciated, rigor mortis moderate. Upon opening the thorax the left side was found to contain about one and a half pints of purulent fluid; the lung was compressed against the spinal column. The right pleural cavity containd about six ounces of serum; the lung was healthy.

Abdomen: Intestines filled with gas. The mucous coat of the stomach, and of the entire intestinal canal was thickened and softened. The glands of Brunner and the solitary glands of the ileum, were enlarged and prominent, but not ulcerated. The pathes of Peyer presented the appearance of "the newly shaved chin". Liver about one third larger than normal and contained a large number of minute abscesses. The spleen was enlarged to three times its normal size, and contained a large number of (so-called) metastatic abscesses. The kidneys appeared healthy.

No 327.

625159

7774

Calcareous deposits on the semilunar valves of the aorta.

Presented by Actg. Asst. Surg. E. Stonier U. S. A.

Satterlee General Hospital

West Philadelphia Pa.

The specimen consists of a small portion of the aorta, with the semilunar valves and a part of the inter-ventricular septum; the semilu=
=nar valves present small calcareous concre=
=tions. The aorta is in the early stage of atheromatous disease.

The patient a contract nurse, James King in the Satterlee General Hospital, died during the winter of 1863 & 64. after a very brief illness. The symptoms and previous history are not given. Besides the disease of the heart and arteries, the kidneys were fatty.

Letter June 1864

No 328. Enlargement of solitary follicles of the ileum. (Scorbutic diarrhoea).

6413 320

9775

Presented by Asst Surgeon C. Bacon U.S.A.
U.S. Army General Hospital
Annapolis Md.

June 1864

The specimen consists of a portion of the ileum taken from just above the ileo-coecal valve, presenting slight enlargement of the solitary follicles.
The whole intestine was received at the Museum with the specimen; its characteristics were thinness, distention, atrophy of the muscular coat, and enlargement of the solitary follicles.
The following history of the case is furnished by Dr. Bacon.

D. C. Stinecypher, age 24, Private, Co. "B" 2nd Regt East Tenn. Mtd Infty, was captured at Rogersville East Tennesse. November 6th. 1863. He was confined at Belle Isle for seven months; was in hospital while there some six weeks; was then on the 29th day of April 1864, paroled and arrived at

See Md. case book 5. page 1.

Annapolis Md. May 2nd 1864.
June 7th 1864. Admitted to this Hospital. Has been growing gradually weaker since date of admission. Came under my care June 21st.
Had at this time chronic diarhoea, effusion in the chest and pericardium, and ascites to such an extent as to make the act of respiration exceedingly laborious; can only lie on the right side breathing with great difficulty, remains up but a short period at a time. Face, left arm, and hand swollen greatly, can use the arm freely however. Limbs are emaciated. Appetite is morbid desires everything he sees. Ordered milk punch with the free use of lemonade, and a diuretic of squill and bitartrate of potassa.
June 26th. Swelling decreasing. Breathing easier. Pulse exceedingly rapid and small. Heart irregular in action.
June 27th. Considerable abdominal pain on pressure in the right lumbar region. Growing sensibly weaker. Appetite decreasing. Stop diuretic mixture which has acted as a cathartic some three or four times today. Pulse still more frequent, Ordered sherry wine freely. Continue lemonade and milk punch.
June 28th. Limbs cold; bottles of hot water applied to the feet and limbs. Appetite continued to decrease. Swelling in left arm and hand decreasing. Breaths easier which probably may be ascribed to the condition of the atmosphere.
June 29th. At night he breaths with much difficulty. When asleep he will suddenly start and clutch the air as if in suffocation. Amount of wine increased at night. Has now only occasional loose passages. Ordered brandy every half hour. Use the wine during the day.
July 1st to 5th. Pulse trembling and soft, frequently intermitting. Appetite better. Still lies on his right side. Not so well. Face puffed.
July 11th. Is very low. Breathes with great difficulty

Increased the quantity of brandy and gave ammonia and camphor.

July 12th. Very low. Extremities somewhat cold. Died at about 11 A.M.

Sectio cadaveris 8 hours after death.

Peritoneum contained several ounces of dirty yellow turbid fluid. Spleen greatly enlarged but not easily broken down. Liver normal. Jejunum thickened. Intestines as described above. Rectum thickened and constricted. Right lung adherent to walls of chest, and pushed into upper part of cavity by the contained effusion which was similar to the fluid contained in the cavity of the peritoneum. Some five pints of this was taken from either side of the chest.

July 13th 1864.

64 & 3 to 110

Nos 329. 330. & 331. (112)

Ulceration of the ileum and colon. (Chronic diarrhoea).

7776. 7777. 7778

Presented by Asst Surgeon H. Allen U. S. A. Fairfax Seminary General Hospital near Alexandria Va.

No 329. Is a portion of the ileum taken from just above the ileo coecal valve, and presenting a very few superficial ulcerations.

No 330. Is a portion of the transverse colon presenting several ulcerations, which penetrate to the muscular coat.

No 331. Is a portion of the descending colon similar to the last; two of the ulcers have perforated into the abdominal cavity.

The patient from whom these specimens were taken Thomas Benney, Musician 2nd Va. Hvy. Artly, was admitted to Hospital July 26th 1864 in an extremely exhausted condition. He died on the 30th.

the original M.S. for portion of 329 is on page 16. Book 3

Letter Aug 1-64

No 332. Pericarditis.

625127.

7779



The inter-costal tissues of the pericardium in right side covered with lymph.

Presented by Acting Asst. Surgeon Geo. B. Boyd U.S.A.
Mower General Hospital
Chestnut Hill. Philadelphia.

The specimen consists of the heart and pericardium the latter slit open; the opposing surfaces plastered with pseudo-membranous lymph.

The following history of the case is furnished by Dr. Boyd.

James N. Parsons, Private, Co "E" 124 New York Vols, had chronic rheumatism since December 1862. Admitted to Mower Hospital June 18th 1863. with slight rheumatic pains in limbs. No medicine was given however till June 22nd when he was attacked with pleurd. pneumonid (?) Treatment was immediatly instituted and the patient attended with much care, but he died July 1st 1863.

Sectio-cadaveris 30 hours after death.

The right lung was found united to the thoracic walls by firm adhesions in many places, and a large quantity of serum was in the thoracic cavity. The whole of the right lung was condensed and indurated. On section of the same a few spots of gray-colored matter were found; but little or no softening. The base of the left lung was also found hepatized and softened. On the Pleura of the right side, particularly at the apex and anterior walls, a thick pseudo-membranous deposit of three or four lines in thickness was found. A similar deposit coated the whole surface of the heart, and internal surface of the pericardium. The lymph was of a greyish white color, and in some places of a pulpy consistance; it was readily peeled off. The heart was of normal size.

No 333. Large abscess of the right lobe of the liver.

648561

7780

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a portion of the right lobe of the liver, presenting numerous huge irregular and communicating abscess cavities. The following account of the Post-mortem examination is furnished by Dr. Leidy:

Admitted Dec. 18th. 1862. Intermittent fever. æt 45. Irish. Single. Died of peritonitis

Dennis O. Keef, Private, Co. "F" 6th Maine Vols. died Jan. 22nd. 1863. Examination same day. Age about 50, body exceedingly emaciated; skin tinged with bile. Heart and perecardial liquor tinged with bile; the right auricle and ventricle, each with a white opaque membranous patch the size of a quarter dollar. Lungs with old adhesions throughout, but otherwise healthy. Liver enormous extending down the front of the abdomen so as to cover half the remaining contents. Its surface was dull brown, coarsely modulated. The right lobe contained a large multilocular abscess, containing a pint or more of thick greenish yellow pus. The left lobe contained a small abscess of the same kind. Gall-bladder very small, filled with bile resembling coal tar in color and consistence. Peritonitis. The small and large intestine covered with thin recent pseudo-membranous matter. The stomach empty, apparently healthy. Pancreas dense. Spleen small but healthy. Ileum with the mucous membrane moderately inflamed and blackened. Colon exceedingly contracted; in the middle of its course not more than 3/4 of an inch in diameter, and all appearance of sacculi obliterated. The mucous membrane greenish black, with streaks of inflammation and a few ecchymosed spots. All the intestines were empty, except a small quantity of brownish mucus, which was exceedingly foetid, adhering to the sides.

4th Pa. case Vol 3 004 page 781

No 334.

6352 66

7781

Collapse of lung, and great thickening of the pleura. (Chronic pleurisy)

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of the right lung with trachea, bronchus, and a portion of the thickened pleura attached. The lung is collapsed and coated with a thin layer of lymph.
The following account of the post-mortem examination is furnished by Dr. Leidy.
Thomas Kenyon, Co "B" 114th N.Y.S.M. Died Dec. 17th 1862
Examination same day.
Body well formed, no emaciation. Right lung collapsed to about the size of a fist; the pleura everywhere forming a roughened pyogenic membrane, and its cavity containing almost a gallon and a half of pus. The left lung somewhat inflamed especially along the anterior border; its bronchial mucous membrane inflamed, and the bronchioles filled with ~~muco~~ pus; no pleuritic inflammation of the left side. Heart and pericardium normal. Liver impressed by the purulent accumulation of the right pleura, and the interlobular vessels very much congested, so as to give the organ a strongly mottled appearance. Stomach, spleen, pancreas, kidneys, and supra-renal bodies, healthy. Small intestine rather brighter pink than natural, with several patches of moderate inflammation accompanied by ecchymosis. Coecum inflamed, rose red, with a multitude of ecchymosis about the size of pin heads. Remainder of the large intestine with several irregular small patches of moderate inflammation accompanied by ecchymosis. Brain healthy.

See Pw case book 3 004 page 67.

No 335.

65918

7782

Horse-shoe kidney.

Presented by Asst Surgeon C. J. Kipp U.S.V.
U.S.A. General Hospital No 1.
Nashville Tenn.

The specimen consists of two kidneys united at their ~~upper~~ lower extremity by a narrow isthmus; each kidney is further noteworthy by presenting two pelves, two ureters, and two sets of blood vessels.

Dr. Kipp states that the ureters ~~on each side~~ united within an inch and a half of the bladder by their external surfaces, the canals however remaining distinct.

See Specimen 6 on page 57. for additional data.

The patient Private William Patterson, of Hawkins's Rebel Cavalry died on the 20th of ~~June~~ May 1864 of a wound received at the battle of Chickamauga.

No 336.

62318

7783

Disease of the aortic valves.

Presented by Actg. Asst. Surgeon B. B. Miles U.S.A
Jarvis General Hospital
Baltimore Md.

The specimen consists of the heart with the ventricle laid open so as to expose the aortic valves, which are somewhat thickened, roughened, and one of them presenting a considerable quantity of adherent well-washed fibrine.

The patient Wm. L. Billman, Sergt. Co "K" 3rd Pa. Art. was admitted Jan 22nd 1864. with intermittent fever. He died March 6th 1864, of pleuro-pneumonia and pericarditis (?) endo?

Autopsy, 24 hours after death.

~~Lower lobes of~~ Both lungs in third stage of pneumonia, with Adhesions; ~~and~~ effusion in the left pleura. Four ounces

of fluid in the pericardium. The disease above described of the aortic valves. Well marked heart-clots. Liver enlarged. Spleen large and soft. Left kidney much larger than right.

May 4-64

No 337.

Uterus five days after delivery.

77 84

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. U.S.A. General Hospital
Alexandria Va.

The specimen has the broad ligaments and ovaries attached.
The patient was a young colored woman about 19 years of age, under treatment for syphilis. She aborted in the ninth month of her first pregnancy of a dead foetus, and died on the fifth day with typhoid symptoms. (Puerperal fever).

No 338.

Hypertrophy of the heart.

77 85

Presented by Actg Asst. Surgeon H. M. Dean U.S.A.
Lincoln General Hospital
Washington D.C.

The specimen consists of the heart considerably enlarged, weighing at the time of its removal from the body 17½ ounces.
The patient private E. Gallacher, Co "F" 69th N.Y. Vols was admitted to Lincoln Hospital June 11th 1864.

for a gunshot wound of the right ankle received at Cool Harbor Va. June 3rd 1864. He died June 28th 1864 of pyemia. This man was 37 years of age, and weighed about 165 pounds; he is not known to have had any symptoms due to the enlargement of his heart.

Letter June 29. 64

No 339. 63284

11486

Collapse of the lung with pseudo-membranous deposits (Chronic pleurisy).

Presented by Actg. Asst. Surg. F. Cunningham U.S.A.
Sherburne Barracks
Washington D.C.

Surg. M.S. Smith Collection Vol. 4 pages

The specimen consists of the left lung collapsed and coated with thick pseudo-membranous lymph. The patient had been under treatment for chronic pleurisy. There was a considerable amount of purulent fluid in the cavity of the chest.

May 4-64.

No 340. 63282 63

See Dr. Miles case book Md — page 38.

11485

Collapse of the lung with pseudo-membranous deposits. (Chronic pleurisy).

Presented by Actg. Asst. Surgeon B. B. Miles U. S. A.
Jarvis General Hospital
Baltimore Md.

The specimen consists of the right lung collapsed and coated by a thin layer of pasty lymph. The patient from whom this specimen was taken,

a paroled prisoner, Private K. Williams. Co "G" 9th Mich Cav. aged 22 years, was admitted April 18th 1864. and died April 25th 1864.

Autopsy 24 hours after death.

Right lung collapsed and bound down by pleuritic adhesions. Cavity of the chest filled with serum.

right pleural

Left lung with miliary tubercles in its upper portion; lower portion hepatized. Heart flabby and containing large heart clots. Effusion in the pericardium. Liver healthy. Intestines inflamed. Kidneys enlarged.

May 4-64

No 341.

Partial collapse and large abscess of left lung. (Pleuro-pneumonia)

6352 A6

7788

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a partially collapsed left lung, in the lower portion of the upper lobe of which is a large cavity lined by a firm membrane; the rest of the tissue of the lung is collapsed; no tubercles.

The following history of the case is furnished by Dr. R. A. F. Penrose.

Private Michael Murphy. Co "B" 3d Mich. Vols. was admitted Dec. 12th 1863 for epilepsy; having had since April 1863 while in the regiment, five or six fits. None in this hospital. Was pale, weak and emaciated.

Put on tonic treatment & nourishing diet.

On Dec 16th went to bed, complaining of a severe cold, sore throat etc. Skin hot, pulse frequent 145. On the 17th slight dullness on percussion and crepitant rale indistinctly heard over lower lobe of left lung.

See Pa. case book 300 1/2 page 86.

On the 18th complained of a pain in that side, for which a blister was directed.

On the 20th. pulse 108. tongue clean, very much better; expectoration becoming white, though still preserving its pneumonic character, which had existed since the 16th. Lung dull on percussion. On the 26th he became suddenly worse; pulse 118. very feeble, respirations 60 per minute; universal dullness on percussion, and enormous expectoration of matter the color, and consistancy of custard. The treatment from the beginning was carbonate of ammonia, milk punch, essence of beef, with one grain of blue mass three times a day, and blistering. In addition to this on the 26th he was ordered of Huxham's tincture one drachm every two hours. On the 31st about the same as on the 26th; rapid respiration, frequent fluttering pulse, cool skin and anxious countenance; respiration scarsely perceptible; ordered ten grains of sulphate of quinia daily in addition to other medicines.

Feb 1st 1863. All the bad symptoms continue; ordered sixteen grains of quinia; enormous expectoration continues of the same custard-like appearance. At 3 P.M. he died.

Post-mortem examination by Dr. Leidy. Feb. 2nd 1863.

No emaciation. Age 20 years. The brain exhibited no evidences of disease, but was much paler on the surface than usual. The heart was somewhat enlarged, mainly through a dilatation of the right ventricle, whose walls were two lines thick, and its cavity contained a large white clot. The pericardium contained about a gill of liquid. The right lung healthy. The left lung attached by its anterior border to the front of the chest was completely collapsed, though the upper lobe was still pervious to air. The back part of the pleural cavity was lined with a thick pyogenic membrane, and contained several quarts of pus. Another distinct cavity lined with the same kind of membrane, and holding about half a pint of pus, existed in the lower lobe of the lung. The bronchial mucous membrane was inflamed, but there appeared to be no inflammation of the tissue of the lung. The liver was large, light brown, and flabby. The gall-

bladder absolutely empty. The spleen was large, dull red, flabby, and its pulp soft and dull reddish. The mucous membrane of the ileum was more or less inflamed. The general redness was accompanied with one patch almost 18 inches long of intense redness, together with several large echymosed spots. Moderate inflammation also of the colon. None of the intestinal glands apparently were diseased. Kidneys healthy.

No 342. 6312 61 7789

Right lung partially collapsed and coated with pseudomembranous lymph. (Pleurisy after measles).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. U.S.A. General Hospital
Alexandria Va.

The specimen consists of the right lung partially collapsed, its lower lobe thickly coated with pseudo-membranous lymph, and occasional patches over the rest of the surface.

The patient Private John H. McMichael, Co. "K" 5th Pa Cav. Aged 19. American, single, was admitted into hospital March 11th 1864 labouring under acute pleurisy consecutive to measles, for which he was treated by cups applied to the chest and hot pediluvia; internally by saline cathartics followed by wine of ipecacuanha, afterwards by stimulants and beef tea diet. He died March 23rd 1864.

Post mortem examination 24 hours after death, showed the right lung partly collapsed, its tissue somewhat friable its surface of a bright crimson color, the whole lower lobe coated thickly with pseudo-membranous lymph, with occasional patches of the same scattered over other parts of the surface. Larynx and trachea filled with tenacious mucous, and with mucous membrane inflamed. Other viscera healthy.

No 343. Left lung coated with pseudo-membranous lymph, lower lobe somewhat hepatized. (Pleuro-pneumonia consecutive upon measles.)

b 38202
7790

Presented by Surgeon Edwin Bentley U.S.V.
3rd " Div: U.S.A. General Hospital
Alexandria Va.

The specimen consists of the left lung, coated with freshly formed pseudo-membranous lymph; a part of the lower lobe is hepatized. (See drawing by Faber).
The patient Jacob Maust. Private. Co "B" 116th Pa. Vols, American, 20 years of age, single, was admitted March 26th 1864, suffering from pleuro-pneumonia, in a dying condition. He had previously suffered from measles. Brandy and morphine were freely administered, with a diet of milk and oysters. He died March 28th 1864.
Post mortem examination showed about a pint of serum in the cavity of the left pleura. Surface of the left lobe coated by thin pasty lymph. Lower lobe partly hepatized.

March 30-64.

No 344. Large heart clots.

b 2518 H1
7791

Donor unknown.

The specimen consists of the heart, the several cavities laid open to expose the large clots of well-washed fibrine which they contain.
No history of this specimen has been received, but it has been preserved because it exhibits in a highly developed degree the fibrinous coagula which are of such frequent occurrence in all cases of death

with prolonged agony, or of death by asphyxia with prolonged cardiac pulsations.
These coagula variously misdescribed as "heart polypi, thrombi, &c" and erroneously believed by many to be organized, have played a conspicuous part in the pathological ideas of the cause of death in diphtheria, typhoid fever, and chronic diarrhoea, entertained by certain American writers.
Numerous specimens of this sort have been received at the Museum, which as a general rule it has not been thaught worth while to keep.

No 345.
A3 S2 Q8
7792

Small pneumonic abscesses of lower lobe of right lung. (Pneumonia consecutive upon measles.)

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. U.S.A. General Hospital
Alexandria Va.

The specimen consists of a section of the lower lobe of the right lung, presenting on the surface of the section a number of small abscesses; the tissue of the lung was in a state of red hepatigation, the pleura thickened and roughened. The patient, Private J. B. Talbot, Co "K" 6th Mich Cav. aged 32. born in New York, married; was admitted to hospital Feb 13th 1864 laboring under pleuro-pneumonia consecutive upon measles. After a purge with compound cathartic pills, he was treated successively with tartar emetic, fluid extract of veratrum viride, Dover's powder, and calomel. Locally a blister 8×10 was put on. Subsequently carbonate of ammonia and milk punch were ordered. but he died Feb. 29th 1864.
Post mortem examination showed the lung in the state above described. The kidneys in a state of fatty degeneration, other organs healthy. (See drawing)

Mich Vol 1864

No 346. Hypertrophy of the heart with ulceration of the aortic valves, and a fistulous communication between the ulcerated valves and the right auricle.

12315 12

7793

Presented by Asst Surgeon C. J. Kipp U. S. V.
U. S. A. General Hospital No 1.
Nashville Tenn.

The specimen consists of the heart somewhat hypertrophied, with the left ventricle laid open so as to exhibit the aortic valves. These are partly destroyed by an ulceration which extends deeply into the substance of the heart just below one of the valves. A probe introduced into this ulcer, passes readily into the right auricle. The right auricle and ventricle, are laid open, and the fistulous orifice is readily seen in the auricle, just above the auriculo-ventricular valve.

The following history of the case is furnished by Dr. Kipp.

John A. Brown; Age 22. Private Co "D" 89 Ohio Vols. Admitted to hospital May 10th 1863., died Aug. 8th 1863. Of the patients history but little is known. The Surgeon under whose charge he died, is out of the service, and has left no records of the case. According to the hospital register his disease was "scrofula". According to information which I have obtained from nurses of the ward in which he died, the patient was apparently a stout man. The lymphatic glands of the neck were much enlarged, and some of them suppurating. He also had "scrofulous opthalmia". Do not know whether he had syphilis. He never complained of any symptoms which might be referred to valvular disease until two days before death, at which time he suffered from pain in the left side of the chest. No signs of cyanosis were observed. He died suddenly. As to the mode of death, I can obtain no reliable information. No record of post-mortem appearances can be found. A Surgeon who witnessed the sectio-cadaveris, states that a large yellow tubercle was found in the cortical portion of one of

the kidneys, but that is all he can remember of the case.

No 347. Pericarditis after measles.

b 2318 9

7794

Presented by Surgeon Edwin Bentley U. S. V.
2nd Div U. S. A. General Hospital
Alexandria Va.

The specimen consists of the heart and pericardium coated with pseudo membranous lymph.

The patient Charles C. Snow. a recruit for the 1st Maine Arty, aged 18. a native of Maine, was received into hospital January 26th 1864. labouring under severe bronchitis consecutive upon measles. He did well and was beginning to sit up when pneumonia set in accompanied by pericarditis. On the treatment, alteratives, anodynes, and counter irritants were freely used. He died March 2nd 1864 Post-mortem examination found the pericardium distented with sixteen ounces of liquid and lined with pseudo-membranous lymph, which also coated the heart in irregular masses. The lower portions of the lungs were hepatized, and there was considerable enlargement of the mesenteric glands.

No 348.

6382 A3

7795

Hepatization of the lower lobe of the right lung; pleuritic adhesions. (Pleuro-pneumonia).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. U.S.A. General Hospital
Alexandria Va.

The specimen consists of the right lung, the surface of which is coated with an irregular layer of pseudo-membranous lymph. Strong adhesions exist between the costal and pulmonary pleura at the posterior part. The lower lobe of the lung is hepatized.

The patient Private Asa Reynolds, 5th N.Y. Art. aged 19. ~~born in New~~ York, single, was admitted to hospital March 22nd 1864. When admitted he was in the second stage of pneumonia, with great dyspnoea, excessive pain in the right side, livid anxious countenance, and the characteristic sputa. Directed the following-

℞ Tartar emetic ..... 2 grains
Sulphate of magnesia . . 1 ounce
Water ..... 8 ounces

Dose: a fluid ounce every three hours.

On the morning of the 23rd the force and frequency of of the pulse were much reduced, the brain and cough were diminished, the bowels were quite free; directed to continue the mixture every six hours. In the afternoon the pulse was about 60. skin was hot, tongue dry, and the brain had returned. Directed a saline expectorant with anodynes ~~mixture~~. On the 25th he was very weak, pulse frequent and feeble, he expectorates with difficulty, the stomach rejects all nourishment and stimulants. The abdomen tympanitic and tender, the urine scanty. 26th. Abdomen swollen and tender, directed 15 drops of oil of turpentine in emulsion every three hours. Anodynes continued, turpentine externally. On the afternoon his pulse was stronger. 27th. Sinking. Tympanites diminished. He died at 4 P.M.

Post mortem examination 28 hours after death. Right lung hepatized. Thickening and adhesions of the pleura. Slight pleuritis on left side. No fluid in the pericardium, sac roughened. Heart large. Liver and kidneys

larger than normal. Intestines healthy, except that some of Peyer's glands were enlarged.

No 349. Heart with bifurcated apex.

62 11 A1
7796

Presented by Asst. Surgeon C. J. Kipp U. S. V.
U. S. A. General Hospital No 1.
Nashville Tenn.

The specimen consists of the heart, the apex of which is bifurcated by a fissure an inch deep in the line of the inter-ventricular septum.
The patient James O. Sullivan, a citizen, died Jan. 5th 1864 of pneumonia.
Examination after death showed, besides the hepatization of the lungs, the anomaly above described. The heart weighed 12 ounces and contained a large moderately firm light-yellow fibrinous clot.

No 350. Invaginated intestine.

64 13 B7
7797

Presented by Dr. Joseph Leidy
Satterlee General Hospital
West Philadelphia Pa.

The specimen consists of a portion of small intestine about three feet long, in which may be observed four well-marked invaginations.
No history of the case has been received but the absence of any evidences of inflammation at

the points of invagination, and the frequency with which similar conditions have been observed in chronic diarrhoea during the present war, renders it probable that the patient was affected with that disease.

New series 2938

No 851. Cirrhosis of the Liver.

1405 B2

1798 Presented by Actg. Asst Surgeon E. M. Dean U.S.A.
Lincoln General Hospital
Washington D. C.

The specimen consists of the entire liver in a cirrhosed condition, diminished to about half its natural size.

The patient Corpl. Henry Darrah, Co "K" 106 Pa Vols, died July 14th 1864 from the consequences of a gun-shot wound of the right shoulder, for which resection of the head of the humerus had been performed. Post-mortem examination presented the following conditions.

See Medical Statistics Vol. 2 pg 48 pg 75. Table.

Pleuritic adhesions of the right lung, which weighed 21 ounces. Left lung healthy, weight 11½ ounces. Spleen firm, enlarged, weight 9 ounces. Pericardium and heart healthy. Fibrinous clots in both ventricles; weight of heart 9 ounces. Liver small, and cirrhosed 7½ x 6¼ x 3½ inches, weight 51 ounces.

No 352.

6453855

7799

Ulcerated ileum. (Camp fever).

Presented by Actg Asst. Surgeon O. F. Sweet U.S.A.
Carver General Hospital
Washington D.C.

A portion of ileum taken just above the ileo-coecal valve one large and one small ulcer in the upper part of the congested and somewhat thickened Peyerian patch which occupies the lower part of the piece; above several small rounded ulcers four to six lines in diameter; most of these ulcers expose the transverse muscle at their base, and have abrupt and thickened edges.

History by Dr. Sweet.

Private William Durrea, Co "B" 109 New York Vols, aged 21, Admitted May 14th 1864 from the field suffering from a flesh wound of the upper third of left forearm, which healed readily. Was furloughed for thirty days May 18th 1864. Readmitted from furlough June 18th 1864. From this date to July 28th he performed the duties of hospital attendant. At the date above mentioned July 28th he was seized with typhoid symptoms, having severe pain in the head, rapid pulse (100), tongue covered with dark fur and nocturnal delirium.

Aug 1st: The above symptoms continued, together with subsultus tendinum and constant delirium; has some difficulty in breathing.

Aug 3rd. Symptoms of last note continue about the same except that the difficulty of breathing is not so great, has slight diarrhoea, but this has at no time been troublesome.

Aug 5th. Patient continues to sink, delirium, jactitation face flushed, diarrhoea slight. These symptoms continued to Aug 7th when the case terminated in death.

Treatment:

Morphia and Spiritus mindereri given to allay nervous symptoms, stimulants (brandy) given freely throughout, and sulphate of quinine in small doses.

Autopsy 6 hours after death.

Body considerably emaciated. Lungs congested

otherwise appearing healthy. Heart: muscular substance pale, about normal thickness, valves healthy, no clots. Pericardium contained one ounce of fluid. Liver about normal size, congested. Gall-bladder filled with viscid bile. Spleen dark colored, slightly enlarged and congested. Mesenteric glands enlarged. Kidneys normal. Stomach; mucous membrane light colored, thickened and softened. Small intestine; mucous membrane soft and somewhat thickened down to lower portion of ileum, when at different points some distance from each other there were numerous ulcers. Peyer's glands greatly congested and slightly thickened. Near the ileo-coecal valve the mucous membrane was greatly thickened and congested, and very large ulcers extending down to the muscular coat, and surrounded by red areolæ, were found at this point. Large intestine; mucous membrane greatly congested, solitary follicles slightly enlarged.

Letter Aug. 31-64

6453 I 46 47

Nos. 353. 354. & 355.

7800 to 7802 48

Slight thickening of the pyerian patches of the ileum; ulceration of the colon. (Chronic diarrhoea).

Presented by Actg. Asst. Surgeon O. T. Sweet U.S.A.
Carver General Hospital
Washington D.C.

No 353. Is a portion of the ileum taken just above the ileo-coecal valve, showing one large and slightly thickened pyerian patch.

No 354. Is a portion of the ascending colon, with numerous ulcers with abrupt edges, varying in size from that of a pins head to that of a five cent piece.

No 355. Is a portion of the transverse colon of the same patient, presenting a number of quite minute follicular ulcers.

History by Dr Sweet.

Private Peter Quackenbush Co. "E" 118th Regt. New York Vols. aged 43, about medium height, was admitted July 5th 1864. Patient had senile look, considerably emaciated, pulse about 80, tongue moist but covered with a gray fur anorexia, and severe diarrhoea. He continued about the same up to July 10th. when he appeared to improve, diarrhoea being somewhat checked, and appetite improved. The general appearance of the patient continued about the same up to July 26th when he was seized with severe pain in the right side, dullness on percussion, and other evidences of pleuritis with effusion; diarrhoea now became aggravated; anorexia returned, and he continued to sink, dying Aug 1st 1864.

Treatment:

Opiates and astringents were freely given to relieve diarrhoea; stimulants were given throughout the disease and blisters were applied to right side of chest:

Diet: Milk, beef essence, toast, etc.

Autopsy 4 hours after death.

Left lung bound firmly to the walls of the chest by old pleuritic adhesions; lower lobe greatly congested. Right lung bound to the walls of the chest by recent pleuritic adhesions. Right pleural cavity about half full of fluid. Posterior portion of right lung in a state of hypostatic congestion. Heart normal, a partially washed clot in the right side. About three ounces of fluid in the pericardium. Liver, enlarged, pale, and presenting a fatty appearance. Gall-bladder filled with viscid bile. Spleen enlarged and very soft. Kidneys normal in size; cortical substance very pale. The mucous membrane of the stomach thickened and congested. Small intestine; mucous membrane congested; in the lower three feet of the ileum Peyer's patches were considerably elevated at their centres, and presented a spongy appearance. Large intestine; In the ascending colon there were several large ulcers with ragged edges, which contained a quantity of black pigmentary matter, mucous membrane thickened and softened; In the transverse colon these ulcers were smaller and fewer in number. In the descending colon these ulcers again became larger.

6483 I 36 37 38

Nos 356. 357. 358 & 359 39

Enlargement of the solitary follicles of the ileum; ulceration of the colon. (Chronic diarrhoea).

7803 to 7806

Presented by Actg. Asst. Surgeon O. T. Sweet U. S. A.
Carver General Hospital
Washington D. C.

No 356. Is a portion of the ileum presenting two fyerian patches, which are not visibly altered, although described as having been congested in the post-mortem account. The solitary follicles are somewhat enlarged.

No 357. Is a portion of the ascending, No 358. of the transverse, and No 359. of the descending colon of the same patient somewhat thickened softened and presenting numerous follicular ulcers, which in the transverse colon especially, have in many instances extended into large jagged but rather oval excavations exposing the muscular coat. The descending colon (much thickened) presents a peculiar spongy appearance.

History by Dr. Sweet.

Private Walter Butler, Co. "B" 56. Mass. Vols, was admitted July 5th 1864. He was considerably emaciated, petechiæ seen on the abdomen; tongue thickly covered with a dark fur in the centre; rapid pulse; and slight diarrhoea. These symptoms seemed to yeild to treatment. About the 20th of July he was able to walk about the ward, slowly convalescing, when apparently from imprudence in eating and drinking, he was again July 25th attacked with severe diarrhoea, which caused him to sink rapidly; anorexcia; tongue red and dry; pulse 80. He became greatly emaciated. The above symptoms continued to date of death August 2nd 1864.

Treatment: Opiates and astringents, with free use of stimulants.

Diet: Boiled milk, beef essence, and other easily digestable food.

Autopsy 4 hours after death:

Right lung adherent to the walls of the chest anteriorly. The areolar tissue in the anterior mediastinum was

emphysematous. Right pleural cavity was entirely obliterated by old pleuritic adhesions. Upper lobe of the right lung slightly congested, middle lobe not so much so. This lung was mottled with a deposit of spots of black pigmentory matter. The upper lobe of the left lung congested remaining portion healthy. On the right side of the heart a large fibrinous clot was found adhering firmly to the tricuspid valves, no clots in the left side, valves appeared healthy. Pericardium contained half an ounce of fluid. Liver normal. Gall bladder nearly filled with bile. Spleen about normal size, pale and very firm, did not present the usual vascular appearance. Kidneys normal, Suprarenal capsules dark colored. Stomach; walls thin and light colored. Small intestine healthy, down to about the middle of the ileum, when the glands of Peyer became congested, which increased in intensity downwards. Large intestine; mucous membrane of colon thickened and softened, thickness greatly increasing in descending colon; about sigmoid flexure and rectum, the mucous membrane was very thick and presented a peculiar spongy appearance. Follicular ulcers throughout, which in transverse colon especially, have formed eroding excavations of some size.

No. 360.

6453 to 100

Colon coated with pseudo-membranous lymph. (Chronic diarrhoea)

7807

Presented by Asst. Surgeon Wm. Thompson U.S.A.
Douglas General Hospital
Washington D. C.

The specimen consists of a portion of the descending colon, the surface of which is thickly covered with pseudo-membranous lymph. At the time of its arrival at the museum, the pseudo membranous layer was of a bright yellow color, and the livid crimson mucous membrane could be seen in patches.

See Microscopical Section, Nos. 7229 to 7231. and 7259 to 7263.

The patient from whom this specimen was taken, was received at the Douglas Hospital in Sept. 1864 in a dying condition, and escpired shortly after his admission.

Nos 361 & 362. Superficial ulceration of colon, Right kidney converted into a cyst.

b 551 a 11 b 493 to 10

7808 to 7809

Presented by Asst Surgeon W. F. Norris U.S.A.
Douglas General Hospital
Washington D. C.

No 361. Is a right kidney converted into a cyst about the size of a small orange; the wall fibrous and about four lines thick, it is connected by a patulous ureter with the urinary bladder; two renal arteries the size of crow quills, proceeding from the aorta at the point of its bifurcation, ramify upon the walls of this cyst. The cyst was found over the second lumbar vertebra (Congenital abn deformity). The left kidney was apparently healthy, but the patient had had albumen in his urine during life. (He died of diarrhoea).

No 362 Is a portion of the transverse colon of the same patient, presenting numerous superficial ulcerations.

History by Dr. Norris.

Lewis W. Kopp. Co "K" 48 Pa. Vols, was admitted into Douglas Hospital Sept. 9th 1864. He stated that he had been unable to do duty for several weeks on account of a bad cough and diarrhoea. On admission he had a hacking cough; no expectoration, a troublesome diarrhoea, was much emaciated; had severe night sweats; a rapid pulse (about 90) and the brilliant eye of a patient with the hectic fever accompanying phthisis.
Respiration was rude on both sides, and percussion

quite flat on the right side posteriorly. He says phthisis is hereditary in his family.
These symptoms continued with but little change till the 27th. when toward nightfall he was suddenly seized with a great feeling of oppression and was entirely unable to assume the horizontal position. This feeling however passed off in a few hours; but returned with great violence on the morning of the 30th and he rapidly sank and died on the evening of the same day.
On testing the urine by heat and nitric acid, it became almost solid from excess of albumen.
Autopsy 14 hours after death:-
Right lung congested but healthy. In the left pleural cavity a large effusion of greenish yellow sero purulent fluid, had completely compressed the lung against the vertebral column; both lung and costal pleura, were covered with a thick layer of lymph.
Heart was covered with a layer of fibrinous lymph, and considerable effusion of serum into the pericardium in which shreds and flakes of lymph floated free.
Liver healthy, but adherent to the diaphragm, adhesions old and tough. Spleen contracted and firm. The ileum presented a few ulcers. Large intestine thickened and ulcerated throughout its entire extent. Left kidney apparently healthy. Right kidney situated over the second lumbar vertebra, completely atrophied and converted into a large cyst, containing several ounces of a clear amber colored liquid. A patulous ureter led from it and emptied into the bladder at its usual place.

No 363. Pseudo membranous inflammation of the stomach. (Chronic diarrhoea).
14 32 B1
7410

Presented by Actg Asst Surg Chs. F. Reber U.S.A

U. S. Army General Hospital Div. No. 1.
Beaufort. ~~Hilton Head.~~ ~~Beaufort~~ S. C.

A portion of the greater curvature of the stomach thickened with conspicuous rugae, and coated with a pseudo-membranous layer.
Dr. Reber states that in this patient, who died from exhaustion after a protracted illness the small intestine was similarly diseased.

History:

Private J. H. Jagger, 1st Conn light Battery, aged 18, received an injury from the limber of a gun during the fall of 1863. Subsequently he suffered from pain in the epigastric and left hypochondriac region; distress and fainting with nausia and vomiting after eating. There was no diarrhoea. His stomach retained nothing but farina, diluted boiled milk and soft boiled eggs, with light egg-noggs and milk punches.
He retained no solid food - and whatever was retained caused nausia and sometimes vomiting.
His bowels were sometimes loose sometimes constipated, and this apparently irrespective of diet or treatment. He became much emaciated and finally died. He was treated with bismuth and silver, with tonics, the occasional use of chalk and magnesia to correct acidity, opiates and counter-irritants.

Letter Oct. 27-64
Specimen rec'd July 28-64

Nos 364, 365 & 366.

Extensive ulceration of the colon. (Chronic diarrhoea).

6483 to 86 & 88
7811 to 7813

Presented by Actg. Asst. Surgeon D. L. Haight U. S. A.
Douglas General Hospital
Washington D. C.

No 364. From the ascending, No 365 from the transverse, and No 366 from the descending colon near the rectum,

The colon in this case was somewhat thickened and presented numerous excavating ulcers, many of which penetrated to the muscular and some even to the peritoneal coat. These ulcers appear to have extended by burrowing in the sub-mucous connective tissue beneath the true follicular layer; as a consequence the latter hangs out in more or less extensive shred-like fringes, which are especially remarkable in No 366.

History by Dr Knight.

Private Philip Becker, 27th New York Battery, was admitted to Douglas Hospital Sept. 9th 1864 labouring under chronic diarrhoea. He said he had been sick for a long time, did not know exactly how long, but thought it was more than two months. He had lost flesh greatly, and was extremely emaciated. Had twenty to thirty passages in twenty four hours of yellowish thin fluculent matter. His pulse was feble and about 100.

Treatment:

He was given injections of laudanum, and half a grain of nitrate of silver in pill three times a day. He improved so much under this treatment, that after the third day and up to the time of his death he had only three or four passages daily.

He died very suddenly and unexpectedly Sept 14th 1864.

Autopsy 18 hours after death.

The large intestine were much diseased, the mucous membrane ulcerated and hanging in fringes; the ulcers in some places being so nearly through all the coats, that they tore on the least incautious handling. In the small intestine not much disease was found; the lower Peyer's patches presented the appearance of "shaved chin." The solitary glands were slightly prominent. The coats however were so much softened, that those of the duodenum gave way when a stream of water was passed through. Other organs healthy.

Dexter July 11/64

Nos 367 & 368. Extensive ulceration of the colon. (Chronic diarrhoea).

64834 & 81

7814 to 7815

Presented by Surgeon N. P. Mosely U.S.V.
Emory General Hospital
Washington D. C.

No 367 Is from the transverse, No 368 from the descending colon; in both the mucous membrane is thickened and presents numerous large irregular ulcers. The patient Private T. Dill Co "B" 1st Md. Vols. aged 22, was admitted to Emory Hospital Sept 20th 1864, in the most advanced stage of chronic diarrhoea; he sank rapidly and died exhausted Sept. 23rd 1864. Treatment consisted of astringents and stimulants.

The whole colon was soft and ulcerated; the ulcers presenting a dark greenish base, the mucous membrane between, grayish from pseudo-membrane.

64853 4

Nos 369. 370. Ulceration of the Syerian patches with five
371. 372. & 373. perforations. (Camp fever).
5 6 7

7816 to 7820

See Abstract of returns book Lincoln 18 page 129 Camp.

Presented by Actg. Asst. Surg. H. M. Dean U.S.A.
Lincoln General Hospital
Washington D. C.

A series of successive pieces from the ileum.

No 369. Presents five irregular ulcers one quarter to one half an inch in diameter with thickened edges and penetrating nearly through the muscular coat; the solitary follicles are slightly enlarged.

No 370 Presents three large ulcers of irregular oval shape and about an inch in diameter; these ulcers have thickened edges and correspond in position and shape to the Syerian patches. The ulcers penetrate deeply and perforations

exist in all of them. In the upper ulcer the perforation is quite minute, and the ulcer presents a little to the left of the actual opening another point at which perforation was ready to occur. The second ulcer presents an oval perforation nearly half an inch in length. A portion of the necrosed peritoneal layer attached to one edge of the perforation, floats free into the cavity of the ulcer. Just above the actual perforation is an isolated point, in which the peritoneal layer is almost penetrated. The third ulcer is still more remarkable; it presents an oval perforation nearly an inch in long diameter. A portion of necrosed peritoneum similar in shape to the perforation but smaller in size, occupies its centre and is attached by shreds to the edges of the orifice.
This specimen is valuable as illustrating, at least one of the methods in which perforation occurs in the typhoid ulcer, viz. Ramdy, by the necrosis of a portion of the peritoneal layer, the nutritive supply of which has been embarrassed by the ulcerative process.
The solitary follicles of this piece are slightly prominent and the peritoneal surface of this and of all the pieces in the series, is coated with croupous lymph, which hangs in shreds in many places (Recent peritonitis).

No. 371. Presents two large ulcerations similar in character to those in No. 370; one of the ulcers has perforated. The mucous membrane of this piece is thickened, and there are a number of minute punched out ulcers corresponding to the solitary follicles. In this piece also is a pouch like cul-de-sac (diverticulum verum of Meckel), in the mucous membrane of which are several follicular ulcers similar to those just described.

No. 372. Presents several ulcers of moderate size in character similar to the larger ones of the former pieces; one of the ulcers is perforated; the mucous membrane is thickened and presents a number of follicular ulcers.

No. 373 Is taken from just above the ileo-cecal valve; the mucous membrane is considerably thickened; numerous irregular ulcerations penetrate to the muscular coat, one of which is over two inches in long diameter; on the thickened mucous membrane between the ulcers are a number of solitary follicles considerably enlarged.

History by Actg Asst. Surg. R. C. Dodge U.S.A.

Private Martin Bogle, Co. "B" 5th New York Cav. was transfered to this hospital from Camp Stoneman Washington D.C. Aug. 12th 1864. He was suffering from fever with delirium; abdomen tympanitic and externally tender; tongue furred, pulse rapid. He was treated with tonics, stimulants and diuretics; but rapidly failed and died August 29th 1864. Diarrhoea was not noticed until within four days of death.

Autopsy by Dr. Dean.

Body six feet two inches high, not much emaciated. Rigor-mortis well-marked. Right lung normal but studded in the interior with spots of black pigment, weight twelve ounces. Left lung normal, weight seven and a half ounces. Air passages contained frothy sputa of a molasses color. Heart and pericardium normal, weight of heart eight and a half ounces. Oesophagus and stomach normal. Ileum ulcerated with five perforations. The solitary glands of the coecum enlarged to the size of pin heads. Recent peritonitis. The peritoneum coated with a thin layer of couprous lymph. Liver normal weight seventy eight ounces. Spleen enlarged, firm and of a bluish slate color, weight fourteen and a half ounces. Kidneys normal, weight of right five and a half ounces, left five and three quarter ounces.

Nos 374 & 375. 6403 & 01 + 02 7821 to 7822

Ulceration and perforation of ileum (Camp fever)

Presented by Actg Asst Surg D. L. Haight U.S.A.
Douglas General Hospital
Washington D.C.

Two successive portions of ileum presenting several ulcers with thickened edges. In No. 374 one of these ulcers has penetrated to the peritoneal coat on the opposite surface of which is a patch of discolored lymph. In No. 375 an ulcer has perforated; some lymph adheres to the peritoneum immediatly around the orifice; this piece also presents a small cul-de-sac (diverticulum verum).

History by Dr Haight.

Private Wm. H. Morse Co. "K" 147th Regt. New York Vol. aged 23, was admitted Aug. 20th 1864 suffering from ~~chronic~~ dysentery of four weeks standing; had about twelve passages daily with tenesmus and ~~tormina;~~ patient was very much emaciated. He died August 30th 1864.

On the post-mortem examination Peyers patches were found to be ulcerated, some of the ulcers invading the muscular coat. One of the ulcers had perforated, but no fluid was found in the abdominal cavity. A small cul-de-sac existed in the ileum. Peritonæum injected

Nos 376. 377. 378. 379. 380. & 381. 6403 & 01 + 02 7823 to 7828 (6233 B1)

Enlargement and ulceration of the solitary and agominated glands of the ileum, with enlargement of the mesenteric glands. (Camp fever).

Presented by Asst Surgeon Wm Thompson U.S.A.
Douglas General Hospital
Washington D.C.

Nos 376 to 380. Are a series of successive portions of the ileum, the last taken just above the ileo-coecal valve, presenting from above downwards the most gradual enlargement of the Peyers patches; the thickest patches having abrupt edges and are in many instances slightly constricted at the base "like flat sessile fungi"; the summits are more or less ulcerated in the last three pieces. Many of the solitary follicles of these pieces are also diseased, forming oval elevations ulcerated on the summit, similar in character to the thickened patches of Peyer, but smaller in size.

No 381. A number of enlarged mesenteric glands from the same patient.

History by Dr. Thompson.

Private Morris Hyatt, Co "A" 142 Regt Ohio National Guards aged 21 years, was admitted July 28th 1864 with camp fever and died August 1st 1864.

On admission he was delirious, had slight cough, no expectoration; there was some diarrhoea, though the passages were not frequent; pulse 96.

July 30th pulse 140. 31st, 112; during this night he became rapidly worse; respiration labored; pulse weak; countenance of a dusky hue; died in the morning.

Autopsy 6 hours after death.

Rigor mortis marked. Lungs much engorged posteriorly. Heart and kidneys normal. Liver engorged, enlarged, and softened. Spleen softened. The coats of the stomach in the region of the greater curcature much softened. Peyer's patches and solitary glands extensively diseased; the ulcers becoming more prominent in the lower portion of the ileum. They were oval in shape, from the size of a pin's head to nearly two inches long; the most prominent 3/16 of an inch in thickness, they were firm and consistent; the edges smooth and regular; the surfaces in those most advanced slightly excavated; and all more or less covered with a yellowish green coating or deposit which could be readily detached. The mesentery was greatly thickened and the glands enlarged, some to the size of a large peach stone.

Large intestine normal.

No 382.

64834104

1829

Fibrinous cast fourteen inches long from the rectum from a case of dysentery.

Presented by Surgeon S.S. Todd. 4th Regt. Cal. Vol. Inf.
Drum Barracks California.

The specimen was subjected to microscopical examination by Asst. Surgeon J.J. Woodward U.S.A. and proved to be composed of ordinary croupous lymph. (Pseudo-membrane).

History by Dr Todd.

Private W.A. Monier Co "B" 4th Regt. Cal. Vol. Inf, aged 35 years, was attacked with diarrhoea while marching with his company from Fort Mojave on the Colorado River Arizona Territory, to Drum Barracks Cal. December 11th 1863. and when ten days out from the first named place. The attack was mild and he continued on foot for two days when he was ordered into a wagon. The train was unprovided with medicines or a medical officer, and the first attention he received was on reaching the City of Los Angelos on the 24th, or eight days after the beginning of the attack. The diarrhoea unchecked passed into dysentery, and bloody mucous was contained in the faeces on the third day after the attack; and on the seventh day retention of urine took place. Such is the history of the case thus far, as given by the patient.

On reaching Los Angelos he was visited by Acting Asst. Surgeon R.F. Hayes U.S.A. who found him suffering from retention of urine, frequent discharges of bloody mucous, with painful tenesmus accompanied by prolapsus of the rectum. The urine was drawn off with the catheter, the prolapsus reduced, and the patient treated with opiates, mercurials and soothing enemata until the 28th of December when he was brought to the barracks at this post.

At this time I found him in much the same condition as for the past four days. One remarkable feature of the case and which was persistent to the present time, was the almost entire absence of febrile excitement, neither was there at this time nor subsequently, nor had there been previously any

tenderness over the iliac region on pressure, and the pulse rarely reached 90.

He was at once put upon two grain doses of opium, with small portions of calomel and ipecacuanha, with a starch and laudanum enema after each evacuation, which occured about every three hours. What was at first supposed to be bowel became detached and was found in the patients bed January 1st 1864. It proved to be a tubular cast of the gut, which was fourteen inches in length, cylindrical, and nearly entire. Catheterism was continued up to January 18th when he was able to void his water without the instrument.

The above mentioned treatment has been followed save lessening the dose and lengthening the interval to the present time, giving mucilaginous drinks and the mildest diet only. The patient is at this date February 3rd 1864 able to leave his bed and walk to the fire of his ward without assistance.

The diarhoea subsequently returned and the patient died April 25th 1864.

Nos 383 & 384. Irregular excavating ulcers of the colon (Chronic diarrhoea).

6483 & 7829

7830 to 7831 2

3 spec Lieut

Vol. case book

Presented by Asst. Surgeon H. Allen U.S.A.
Fairfax Seminary General Hospital
Near Alexandria Va.

No. 383. A portion of the ascending, No. 384 of the transverse colon. The mucous membrane thickened and softened, with numerous large excavating ulcerations occupying a large portion of its surface. The detached mucous membrane coated with croupous lymph, hangs in shreds from the edges of the ulcers.

History by Acty. Asst. Surg. T. G. Coleman U.S.A.

Private Edward Colcord 82 Comp. 2 Batt. V. R. Corps presented himself at "surgeons call" complaining of diarhoea on the morning of August 6th 1864. He stated that he had had frequent attacks of diarhoea for the last six months; his countenance was expressive of weakness; his complexion sallow and pale; his tongue furred; pulse, quick and small; skin hot and dry. There was thirst, anorexia, foul breath; slight nausea, acid eructations, flatulence, griping pains and tenesmus; the stools were from ten to fifteen a day consisting of a thin frothy mucus mixed with blood. I administered an ounce of castor oil with fifteen drops of laudanum. Next day I ordered him to take every fours hours a pill composed of two grains of quinine, one of blue mass, half a grain of opium and the sixth of a grain of ipecacuanha. I also directed a pint of milk punch daily.

This treatment was continued until the 10th, when the pills were discontinued, and the following substituted. ℞ Tincture of catechu

Tincture of ipecacuanha of each half an ounce

Tincture of Opium two drachms.

Mix. Take 25 drops every three hours.

The milk punch was continued with occasional anodyne injections. During this period and throughout the progress of the case the patient was kept upon boiled milk diet.

On the 20th I admitted him to hospital, and substituted the following for former treatment.

℞ Tannic acid one scruple

Sulphate of morphia one grain

Make six pills; take one every four hours. A tablespoonful of brandy was substituted for the milk punch. He rallied slightly after admission to hospital, but soon began to sink and died on the 25th.

Autopsy by Dr Allen. 10 hours after death.

Emaciation not marked. Lungs dry, shrunken, grayish with abundant pigment. Heart normal, with a black clot in the right ventricle. Small intestine normal.

closed glands inconspicuous. Colon extensively ulcerated, coated with a dark pseudo-membrane, which hangs in shreds. Liver 7 by 10 inches slightly cirrhosed at the anterior edge. Gall-bladder distended with thick greenish glairy bile. Spleen 4½ by 3 inches, firm, lower part indurated. Supra-renal bodies friable. Part of the right kidney fatty.

1431 I

Nos 385, 386, 387, 388, 389, & 390. Enlargement of the solitary follicles of the ileum and colon; ulceration of the appendix vermiformis and ascending colon. (Camp fever).

7832 to 7837 inc.

Presented by Actg. Asst Surgeon O. T. Sweet U. S. A.
Carver General Hospital
Washington D. C.

No 385 7832 From high up, No 386 from the middle of the ileum, and No 387 from just above the ileo-coecal valve. These pieces show progressive enlargement of the solitary follicles from above downwards. The patches of Peyer, are but very slightly thickened. See Microscopical Section, Nos. 425 to 429 and 430 to 435.

No 388 7835 Is the appendix vermiformis laid open and presenting a number of minute follicular ulcers.

No 389 A part of the ascending colon with enlarged solitary follicles, and a few minute ulcers.

No 390. Is a part of the transverse colon with enlarged solitary follicles.

History by Dr. Sweet.

Admitted at City Point June 30th. Transfd. to Wash— July 3rd.

Private Franklin Dougherty, Co. "D" 100th Regt Penna. Vols. aged 18, was admitted July 5th 1864 from a hospital at City Point Va. At date of admission patient was considerably emaciated; tongue coated in centre with a thick gray fur; pulse tolerably rapid but weak. Had severe diarrhoea headache and anorexia with

inflammation of the left parotid gland, which was swollen and painful.

July 15th. Parotitis terminated in suppuration; the abscess was freely opened and discharged a small quantity of dark foetid pus. Diarrhoea persistent; appetite capricious; pulse about the same as at last note, quite rapid. Patient gradually sinking; has distinct remission ~~of fever~~ in the forenoon of each day.

July 22nd. General condition of the patient not so good as at last note; continues to sink; integument and superficial fascia covering the upper portion of the parotid gland has slaughed leaving this portion of the gland exposed. Diarrhoea resists the ordinary treatment, remaining about the same. Patient is very deaf; has low delirium at times; face a little more flushed; remissions not so distinct for the past two days; more delirium at night than during the day. Died this evening.

Treatment: Stimulants and tonics. Milk punch administered at first, together with chicken diet, beef tea, &c. After remissions were observed in the fever Sulphate of quinine was given in small doses daily. Milk punch changed to whiskey. Pills of tannin and opium and similar remedies, were given to relieve diarrhoea.

Autopsy: Rigor mortis well-marked. Body greatly emaciated. Lungs considerably congested. Heart pale and flabby; valves healthy. Pericardium contained about two drachms of fluid. Liver slightly congested. Gall-bladder distended with bile. Spleen enlarged. Kidneys healthy. Stomach somewhat congested; red spots of different sizes being found on the mucous membrane, which were more numerous near pylorus; mucous membrane laid in folds. Duodenum and jejunum healthy. Peyer's glands congested in the upper portion of the ileum; the congestion increased in intensity in passing downward. The solitary follicles in the lower portion of the ileum were considerably enlarged. Several small ulcers were found in the ascending and lower portion of the descending colon; mucous membrane of the remaining portion of the colon healthy; solitary follicles enlarged. Upper portion of left parotid gland

was found exposed by sloughing of the integuments and superficial fascia; in this region the pus had burrowed a short distance down the side of the neck.

No 391. Pseudo-membranous cast of the lower part of the
6391 D20 trachea and of the larger bronchial tubes. (Diphtheria)
7838

Presented by Surgeon W. L. Faxon. 32 Mass Vols
In charge 5th Army Corps Field Hospital
White House, Virginia.

History:
Private A. C. Wentz, Co F. 83 Penna Vols. came to hospital ~~June~~ 7th 1864 complaining of sore throat. June
On examination the fauces were found to be covered with pseudo-membrane. The patient had walked to hospital and seemed to be in good condition. R directed the fauces to be painted with tincture of chloride of iron every half hour, and two grains of quinine in an ounce of whiskey to be given every two hours. The cast which constitutes the specimen was ejected on the 9th after a hard spell of coughing. The patient at first seemed comfortable and likely to do well, but soon began to sink, suffering from dyspnoea, and died 33 hours after ejection of the cast. No Autopsy.

No 392.

6252 B4

7839

Exquisitely developed atheroma of the arch of the aorta.

Presented by Surgeon B. B. Breed U.S.V.
Gratiot Street Prison Hospital
St Louis Mo.

The arch of the aorta in an advanced stage of atheromatous disease; the internal coat is studded with calcareous plates.

This specimen was taken from a large muscular and active man, who died suddenly from an attack of acute laryngitis. All the arteries were carefully examined but the only part found diseased except the arch of the aorta, was a small portion of the right anterior tibial.

Wells May 12-64

Nos 393 & 394.

6403 & 34 & 35

7840 to 7841 Nov 19.

for duplicate

Follicular ulceration of the colon (Chronic diarrhoea)

Presented by Asst Surgeon Wm Thompson U.S.A.
Douglas General Hospital
Washington D. C.

No 393 A portion of ascending, No 394 of transverse colon, with numerous follicular ulcers somewhat over a line in diameter. The mucous membrane is thickened and presents some thin scanty patches of pseudo-membrane. (See drawing Medical Series of 394).

History:

Private Abner H Mundie Co "G" 31st Maine Vols, was admitted to hospital Sept. 9th 1864 from the army of the Potomac with chronic diarrhoea and bronchitis. Died Sept 16th 1864. From the date of admission he was somewhat flighty in his mind, continually desiring to explain his disease. He was much emaciated and very weak; vomiting occured several times, sometimes apparently brought on by a paroxysm of coughing; the abdomen was very flat

and somewhat painful on pressure; the stools very thin and frequent; tongue moist; pulse very feeble and thready.

Autopsy:

Lungs much shrunken; hypostatic engorgement; ramifications of bronchi filled with a frothy fluid. Heart firmly contracted; healthy. Liver small and of a green color. Gall-bladder full of green bile. Spleen and kidneys softened. Stomach contained three or four ounces of dark greenish fluid; mucous membrane softened. Small intestine normal. Large intestine as in specimen.

6488 I 21 22
Nos 395, 396. & 397.
23

1842 to 1844

Enlargement of the solitary follicles of the ileum; follicular ulceration of the colon (Chronic diarrhoea).

Presented by Actg. Asst. Surgeon W. H. Combs U. S. A.
Emory General Hospital
Washington D. C.

No 395 Is a part of the ileum with the ileo-coecal valve and a part of the coecum. The solitary follicles in the ileum enlarged to the size of pin heads, some of them presenting a dot-like point of ulceration at the apex of the little tumor. The mucous membrane of the coecum thickened and sprinkled with points of pseudo-membrane, presents a few scattered and quite minute follicular ulcers.

No 396. A portion of the coecum and vermiform appendix, with a number of minute follicular ulcers in the mucous membrane of the coecum at the orifice of the appendix. A number of follicular ulcers of larger size scattered throughout the appendix.

No 397. A portion of the sigmoid flexure and rectum with numerous punched-out but extremely minute ulcers; the surface of the mucous membrane is frosted with minute points of pseudo-membrane.

History:
Private John Ondikirk, Co. K. 8th New York Heavy Artillery, aged 16, was admitted to hospital Sept. 15th 1864, labouring under chronic diarrhoea; he was very weak and much emaciated. He was treated with alteratives followed by astringents; some little improvement followed, but on the 19th his stools became more frequent and he rapidly grew weak. Stimulants, milk diet, quinia, injections of starch and laudanum, and various astringents were employed, but the patient sank, and died Oct. 2nd 1864.
The autopsy showed enlargement of the solitary follicles of the ileum with pigment deposits of the solitary follicles of the coecum. A few scattered follicular ulcers in the coecum the bases of many of them black with pigment. Numerous follicular ulcers in the transverse and descending colon and in the rectum. The surface of the mucous membrane throughout the colon was more or less frosted with pseudo-membrane.

Nos 398 & 399.
6413825 26.

Thickening of the patches of Peyer and of the solitary follicles in the ileum. (Camp fever).

7845 to 7846

Presented by Actg. Asst. Surgeon O. P. Sweet U.S.A.
Carver General Hospital
Washington D. C.

No. 398. A portion of ileum from about the middle, presenting a somewhat thickened but not ulcerated Peyer's patch; the solitary follicles somewhat enlarged.

No. 399. A portion of the ileum taken from just above the ileo-coecal valve showing a Peyer's patch of great length eight inches); this patch is considerably thickened with a number of minute ulcers at its upper extremity; this piece also presents a few enlarged solitary follicles.

History by Dr Sweet.

Private Alonzo Wiscon Co. A. 20th Maine Vols, was admitted August 21st 1864 with decided typhoid symptoms. He was not greatly emaciated; his pulse was rapid (about 120); his tongue dry and covered with a brown fur; there was diarrhoea, about five or six alvine dejections per diem, with pain in the right side and slight dyspnoea. He continued in this state without any marked change of symptoms up to August 23rd when his diarrhoea nearly disappeared, but the lung symptoms increased in intensity. There was now severe pain in the right side of the chest; dullness on percussion, and slight crepitant rale. Subsequently his diarrhoea returned but not so severely as before. The tongue continued dark-colored and dry, and the patient sank without any marked change of symptoms except occasional delirium, and died Aug. 27th 1864.

The treatment consisted in the free administration of alcoholic stimulants; opiates, and astringents to relieve diarrhoea, together with turpentine and small and frequently repeated doses of quinia soon after admission. Later in the disease when the patient appeared to be sinking rapidly, brandy and carbonate of ammonia were given in large doses.

Diet: Beef essence, milk, chicken soup etc.

Autopsy. 6 hours after death by Dr. Sweet

No emaciation. Rigor mortis marked. On opening the body the lungs were found somewhat distended with air nearly filling the cavity of the thorax. Pericardium slightly distended with fluid. Stomach and intestines inflated with gas.

The upper lobe of the right lung congested; middle lobe in the state of red hepatization, portions of it readily sinking in water; lower lobe greatly congested. Left lung in a state of hypostatic congestion, posteriorly, otherwise normal. Pericardium contained two ounces of fluid; the right side of the heart contained a large sized partially washed clot; valves appeared healthy. The liver was enlarged and pale. The gall-bladder was distended with viscid bile. Spleen enlarged and

soft. Stomach dilated and flabby, appeared red and congested about the pyloric orifice. The small intestine appeared healthy to about the middle of the ileum, where the agminated glands and the mucous membrane in their vicinity, were found thickened and congested; the solitary follicles were enlarged and prominent, and between the last agminated gland and the ileo-coecal valve were a few small ulcers.

Large intestine: Mucous membrane of ascending and transverse colon somewhat congested, the solitary follicles being stained with a black pigmentary matter. The mucous membrane of the descending colon, was more deeply congested, with occasional large black spots. No ulcers were found.

Sutton Aug 17-64

No 400.

6483/e77

7447

17.

4e supplie

Ulceration of the colon. (Chronic diarrhoea).

Presented by Asst Surgeon W. F. Norris U.S.A.
Douglas General Hospital
Washington D. C.

A portion of colon with a few follicular ulcers and a number of somewhat extensive erosions resulting from ulceration of the mucous membrane.

History by Dr. Norris.

Private Daniel McDonald Co. "F" 39th Mass. Vols., was admitted to this hospital Sept. 9th 1864 from the army of the Potomac. He states that he has been subject to frequent attacks of diarrhoea during the summer, and that for the last three weeks he has been in hospital with a severe attack of dysentery. During this period he has also had an attack of intermittent fever.

On admission he was emaciated and feeble, his conjunctiva slightly tinged with yellow; his tongue furred; pulse 80; the abdomen flat and tender to the touch especially over the transverse and descending

colon. He also had slight bronchitis.
His dysentery was partially controlled by astringents and proper diet, and he was apparently doing well until the 29th when he was seized with nausea, vomiting and increased tenderness in the abdomen; from this time he sank rapidly; his pulse becoming feeble his skin cool, and he died at 10 A.M. on the 30th.

Autopsy 4 hours after death.

Rigor-mortis already well-marked. Both lungs firmly adherent to the sides of the thorax; their apices presented several dense fibrinous spots like cicatrices, and were also studded with hard nodules, which, on section appeared to be retified tubercles. Some of these lumps were quite hard, others of cheesy consistence and others again like cartilage. Heart healthy. On opening the abdomen, some parts both of the large and small intestine were found covered with a yellow croupous lymph, and slightly reddened; the recto-vesical cul-de-sac was filled with a thin yellowish green liquid; and there was a patch of lymph of considerable size on the fundus of the bladder. The small intestine presented no abnormal appearance except a large cul-de-sac, which projected from the ileum opposite to its mesenteric attachment, and was situated about sixteen inches above the the ileo-coecal valve.
The large intestine was much thickened and ulcerated throughout its entire extent, and weighed two pounds and six ounces. The ulcers were very irregular in size and shape, and were extensive and numerous near the rectum.
The liver spleen and kidneys were healthy.

Nos 401 & 402.
6453 I84 85 1/3
7848 to 7849 superseded

Pseudo-membranous inflammation of the ileum and colon. (Chronic diarrhoea).

Presented by Actg. Asst. Surgeon O. T. Sweet U.S.A.
Carver General Hospital
Washington D.C.

No 401. A portion of the ileum No 402 of the descending colon, the mucous membrane of both coated with pseudo-membrane.

History by Dr. Sweet.

Private Marvin Kellogg Co G. 2nd New York Heavy Artly. was admitted August 21st 1864 from field hospital Army of the Potomac. Age 33. On admission he was greatly emaciated; had severe diarrhoea, fifteen or twenty dejections during twenty-four hours; pulse weak and easily compressed, tongue moist and thinly coated with gray fur. He continued in this condition with slight occasional improvement till August 25th when the fecal discharges became very frequent and involuntary; the pulse began to flag and he sank and died August 28th 1864.

Autopsy:

Post-mortem rigidity great. Body much emaciated. Large collection of sordes on the teeth. The lungs were found nearly filling the cavity of the thorax. The heart in normal position. The lungs were of a light slate color, filled with air and appeared normal. The right side of the heart contained a fibrinous clot; left side filled with dark blood; valves healthy. Pericardium contained two ounces of fluid. Liver slightly enlarged and congested. Gall-bladder filled with viscid bile. Spleen dark colored small and firm. Stomach; mucous membrane congested and red; presenting signs of severe inflammation about the cardiac orifice; the pyloric end was greatly contracted, the mucous membrane lying in large folds. Small intestine; mucous membrane healthy down to the lower portion of the ileum, when the agminated glands became congested, the congestion increasing toward the ileo-coecal valve. The mucous membrane of the large intestine, congested, thickened, and rough with pseudo-membrane. In the lower portion of the descending colon small ulcers were found.

Date Aug. 27-64

No 403.

L2 S1 B1

785 D

Atrophy of the heart.

Presented by Actg Asst Surgeon H. M. Dean U.S.A
Lincoln General Hospital
Washington D. C.

See Autopsy testimony Vol VIII page 15 Lauds

A small heart which weighed five and a half ounces, from a full sized adult.

History:

Private Harman Newton 10th Mass. Battery A, was admitted to hospital July 30th 1864, labouring under chronic diarrhoea. He was very anemic; much debilitated; and suffered from pain in the lower extremities, which was diagnosed as rheumatism (Scorbutic), and from a severe cough which was supposed to be due to tubercles in the lung (Chronic bronchitis see Postmortem). He was treated with cough mixture, tonics, and cod liver oil. On the 15th of August there was free expectoration from the lungs. On the 25th nausea and vomiting. Hectic appeared on the first of September. He died Sept. 15th 1864.

Autopsy.

Height of body five feet nine inches; very much emaciated; weight about 160 pounds; no postmortem rigidity; body covered with fine purpuric spots. On opening the thoracic cavity the left lung was found attached to the thoracic walls by firm fibrinous adhesions. Oesophagus and trachea normal. The lower lobe of the right lung was considerably congested, and on section mucopus exhuded from many of the small bronchial tubes; the middle and upper lobes were normal. On section of the lower lobe of the left lung a large amount of frothy sanguineous fluid exhuded. On the upper portion several small spots about ¼ of an inch in diameter were found carnified; these portions of the lung sank in water (Collapse from capillary bronchitis); the upper lobe appeared normal. Right lung weight 20 ounces, left 13½ ounces. Pericardium normal. Heart small, weight 5½ ounces. Spleen normal, weight 4½ ounces. Liver small and very much congested weight 44½ ounces. Kidneys congested; right weighed 4½ left 5½ ounces. There were several small ulcers in the lower portion of the rectum. At the sigmoid flexure of the colon was an oval ulcer measuring 2¾ by 2 inches, its long diameter being across the intestinal canal, its margin being very jagged and abrupt. The coecum and about three feet of the lower

portion of the ileum, were very much congested. The brain normal; weight 46½ ounces.

No 1044. Yellow tubercles of the left lung. (Acute tuberculosis).

63523

785.1

Presented by Asst Surgeon Wm. Thompson U. S. A.
Douglas General Hospital
Washington D. C.

A section of the lower lobe, of the left lung, stuffed with numerous crude tubercles.
At the time of the reception of this specimen at the museum, the tubercles were of a bright yellow color but not materially softened.

History by Actg. Asst. Surgeon D. L. Haight U.S.A.

Private Michael Corcoran 1st Mich. Cav. was admitted June 27th 1864 immediatly after a hemorrhage from the lungs; during the two days following his admission he had several attacks of pulmonary hemorrhage, losing in all, over two quarts of blood. He was in good condition, weighing 180 pounds, and stated that he had had no cough. His mother had died of consumption. A short time after his admission the physical signs of phthisis were recognised. the disease ran a rapid course and he died August 27th 1864. He had lost fifty or sixty pounds during his illness. The autopsy found both lungs adherent and infiltrated with yellow tubercles; the left lung more diseased than the right presented a small cavity at its apex.

Aug 27-64

Nos 405 & 406
6352 & 55 6456 & 638
7852 to 7858
21 & 21½
4 in duplicate

Yellow tubercles of the lung. Follicular ulceration of the colon.

Presented by Actg. Asst. Surgeon D. L. Haight U.S.N.
Douglas General Hospital
Washington D. C.

No 405. A section of the upper and middle lobes of the right lung presenting a number of moderate sized discreet yellow tubercles.

No 406 A portion of the descending colon, presenting numerous follicular ulcers; these ulcers have the peculiarity that the swollen solitary follicle remains as a prominent point in the centre of the ulceration which esctends circularly around it. See Microscopical Section, Nos. 659 to 667.
The history of this patient furnished by Dr. Haight, would indicate the case to be one of camp fever occuring in a tubercular patient who had also labored under chronic diarrhoea.
The patient appears to have had low fever and delirium; an abscess over the parotid, and cold abscesses of the subcutaneous tissue. He was apparently convalescing though still suffering somewhat from diarrhoea, when erysipelas set in and he died.
Post mortem examination showed tubercles of the lungs, and ulceration of the colon. The small intestine does not appear to have attracted attention.

Dec 6-64

Nos 1107 & 1108.
6453 & 46 & 47
7854 to 7855 1/2.
4 in duplicate

Ulceration of the ileum with enlargement of the solitary follicles, (Camp fever).

Presented by Actg Asst Surgeon C. F. Sweet U.S.A.
Carver General Hospital
Washington D. C.

Two portions of ileum No 407 taken from about the middle, No 408 from just above the ileo-coecal valve.

No 407. Presents a large Peyer's patch but slightly thickened, the seat of six ulcers of small size with somewhat thickened edges; the solitary follicles of the piece are somewhat enlarged.

No 408 Presents a number of similar ulcers with somewhat greater prominence in the solitary follicles.

See Microscopical Section Nos. 462 to 465 and 466 to 469.

History by Dr. Sweet.

Private Lorenzo Weakley. Co. "C". 7th Va. Cav. aged 19, was admitted August 21st 1864 from the field. He was considerably emaciated. Nothing of importance could be ascertained of his previous history. He had been sick for some time and had had repeated attacks of diarrhoea and vomiting. At date of admission he appeared exhausted; pulse very feeble and easily compressed; tongue covered with a gray moist coating; had slight diarrhoea and incessant vomiting; his food and drink being almost instantly ejected. These symptoms continued about the same until Aug. 23rd when the gastro-intestinal symptoms improved. The constitutional condition however remained about the same. Surface of the body cold and clammy; pulse still feeble, and tongue coated. He remained in this condition, and continued to sink, dying, Aug. 25th. The vomiting and diarrhoea did not return.

Treatment: Morphine and brandy were given in small doses and frequently repeated to relieve epigastric pain and vomiting. Sinapisms were applied to the epigastrium; brandy and opiates continued throughout, together with mild astringents to relieve diarrhoea.

Diet: Beef essence, beef tea, &c

Autopsy 6 hours after death.

The lungs filled the cavity of the thorax; they were healthy except the posterior portion which was in a state of hypostatic congestion. Heart; the right side contained a large fibrinous clot; the left was empty; valves healthy. Pericardium contained about six ounces of fluid. The liver was slightly enlarged and pale. The gall-bladder nearly filled with dark viscid bile. The spleen normal in size and dark colored. The medullary substance of the kidneys was abnormally pale; and a large deposit of fat was found about the pelvis. The peritoneum and omentum were congested. Mesenteric glands enlarged.

Specimen of diseased appearance!

Stomach; the mucous membrane was thickened and greatly congested about the cardiac orifice; the organ was filled with flatus. The small intestine was inflated with gas and appeared healthy down to about the middle of the ileum where the mucous membrane became congested; a little ~~farther~~ lower down numerous ulcers surrounded by red areolæ appeared; still farther down the congestion deepened and the ulcers became larger and more numerous. Large intestine; the solitary follicles were dark colored from deposition of black pigmentary matter; the mucous membrane being covered with small black spots; ~~the lower portion of the descending colon was considerably thickened and softened.~~ (?) This did not appear in specimen as rec'd at mus— The ulcers were all of the character shown in the specimen.

Aug 25-64

No 409. 6483/289 Museum!

7856 The duplicate

Sloughing ulcers of the colon. (Chronic dysentery).

Presented by Actg. Asst. Surgeon O. P. Sweet U.S.A.
Carver General Hospital
Washington D. C.

A portion of the descending colon showing large irregular ulcers which expose the transverse muscle; sloughs of the dead mucous membrane hang in shreds from the edges of the ulcers. See Microscopical Section 692 to 702.

History by Dr. Sweet.

Private Wm. H. Brokaw, Co. "I" 26th Mich. Vols, was admitted August 30th 1864 from field hospital. At the date of admission he was not greatly emaciated; had been ill but a few days, but now the symptoms of acute dysentery appeared fully developed; there was rapid pulse; tongue covered with a dark dry fur; anorexia; frequent alvine stools consisting mostly of mucus and blood; and almost constant tenesmus. These symptoms continued about the same, not appearing to be much relieved by remedies till Sept. 5th, when the case was complicated with great gastric uneasiness.

There were ten or fifteen stools during 24 hours; severe pain in the abdomen and tenesmus; the stools emitted a very offensive odor.

Sept. 8th. The above symptoms are aggravated; involuntary discharges of large quantities of bloody mucus. There is raving delirium; the pulse is low and flickering. He sank and died Sept. 9th 1864.

Treatment consisted in the free administration of alcoholic stimulants, astringent and opiate enemata; with opiates in full doses at bed time.

Diet: Milk, beef tea, &c.

Autopsy 8 hours after death.

Emaciation slight; rigor-mortis great. The lungs were nearly collapsed; the right lung slightly bound to the walls of the chest by old pleuritic adhesions, otherwise healthy. Left lung normal. The pericardium contained two ounces of fluid. The right side of the heart was filled with a large fibrinous clot; left side empty; valves healthy. The liver was enlarged, soft and of a pale color; the gall bladder distended with bile. The spleen enlarged and firm, did not appear very vascular, of a dark slate color. Both cortical and medullary substance of the kidneys appeared pale; the organ was normal in size. The mesenteric glands were enlarged. The stomach was dilated and flabby, its mucous membrane thickened and softened. The small intestine had a healthy appearance down to the lower portion of the ileum where the mucous membrane became congested. The solitary follicles were enlarged; near the ileo-coecal valve the mucous membrane was dark colored.

Large intestine: In the ascending colon the mucous and cellular coats were gangrenous; the sloughs of dark color and foetid odor were separating; some having already been thrown off, leaving the circular fibres of the muscular coat in view. In the transverse and descending colon the mucous membrane had nearly all sloughed away and in some places the slough appeared to extend nearly or quite through the muscular coat.

Sept 25-64
Sept 9-64

No 410.

635109

7857

Diphtheria.

Presented by Surgeon N. R. Moseley U.S.V.
Emory General Hospital
Washington D. C.

Larynx and trachea lined by a thick pseudo-membranous layer.

History by Actg Asst. Surgeon Samuel J. Graham U.S.A.

Private John Feaster Co "L" 7th New York Vols, was admitted August 17th 1864 on account of a gun shot wound. When admitted there were indications of diphtheria which became fully developed August 24th. His throat became swollen; a film of white substance formed about the tonsils; and great difficulty of swallowing, so that food was ejected through the nostrils. Respiration was difficult but there was no cough.

Treatment:

The throat was gargled with a solution of tannic acid, which brought away a considerable amount of film which had formed around the tonsils. Chlorate of potassa, muriate of ammonia and tincture of iron; with stimulants and a generous diet were directed. He died of suffocation August 30th 1864.

Upon making a post mortem examination, a tubular pseudo-membrane was found in the trachea which extended into the bronchial tubes.

Aug. 30-64

No 411.

63 81 DH

7858

Diphtheria.

Presented by Asst Surgeon C. A. McCall U.S.A.
Mount Pleasant General Hospital
Washington D. C.

Larynx, trachea, and bronchial tubes laid open incompletely lined by a pseudo-membrane; the left bronchial tube, and its principal bifurcations are occupied by a complete tubular cast of pseudo-membrane; the lumen of the right bronchial tube is free.

History:

Private John Vandenworker Co "E" 46. New York Vols age 19 Admitted for amputation of the little finger of the left hand in consequence of a gun shot wound received before Petersburg Va. On the 12th of October 1864 symptoms of tonsilitis made their appearance, and the disease was recognised as having assumed a diphtheritic character on the 22nd. He died on the 26th.

Post mortem examination by Ad. Asst Surg W. H. Randolph U.S.A, showed the larynx, trachea, and left bronchus lined with pseudo-membrane.

The air passages and lungs were received in the fresh condition at the museum and examined by Asst. Surgeon J. J. Woodward U.S.A.

On the left side the diphtheritic process was found to extend to the minutest bronchial tubes, but not to the air vesicles. The right lung was not involved.

The diphtheritic layer in the trachea was composed of a granular fibrin, in which were imbedded innumerable ciliated epithelial cells, with multitudes of oval and rounded elements, apparently from the deeper layer of the ~~bronchial~~ tracheal epithelium. On stripping off portions of the pseudo-membranous layer; the mucous membrane was found to be deprived of all the more superficial parts of its epithelium.

(Jan. 27-64

No 412.
64143
1859

Supplementary spleens.

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. U.S.A. General Hospital
Alexandria Va

Two supplementary spleens, about the size of shell barks, found one just above and the other just below the true spleen of Private S. E. Allen Co. "G" 1st Maryland Heavy Artillery, who died July 31st 1864 of pyaemia consecutive to a gunshot received before Petersburg Va.

No 413.
64815
1860

Taenia solium.

Presented by Actg Asst. Surgeon W. E. Sparrow U.S.A.
U.S. Army General Hospital
Alexandria Va.

An incomplete taenia solium nine feet and four inches long, ejected from Sergt. J. C. Richardson, Co. "E" 10th New Jersey Vols. aged 23, after the following treatment.

The patient was fasted for 24 hours, and then took two ounces of pumpkin seeds followed two hours subsequently by an ounce and a half of castor oil and ~~an ounce~~ 6 drachms of turpentine. Fifteen feet are said to have been expelled entire. The patient had not suffered materially in his general health, but noticed a craving for food soon after eating, and had discovered fragments of the worm in his stools as early as April 1863. He was discharged immediately after the expulsion of the worm August 30th 1864 having been under treatment for a slight gun shot wound of the scalp.

No 414.

64 $3 N 1

7861

See Practice between 103 and 104 Lond. Lancet Vol. 1 48 page

Ascaris lumbricoides.

Presented by Actg. Asst. Surgeon John Morris U.S.A.
Lincoln General Hospital
Washington D.C.

A lumbricoid worm vomited by Private G. C. Hastings Co. "A" 8th New York Heavy Artillery. Received at the museum August 6th 1864.

No 415.

64 $3 N 6

7862

Taenia solium.

Presented by Actg. Asst. Surgeon Ewanoff Willentzki U.S.A.
2nd Div General Hospital
Alexandria Va.

An incomplete taenia solium 25 feet in length. This specimen was passed by the officer who presented it in July 1864, after the administration of two ounces of pumpkin seed, followed one hour subsequently by one and a half ounces of castor oil and half an ounce of turpentine and this two hours subsequently by an injection of milk; the worm is said to have been 25 feet 5 inches when passed. No head was received at the museum. Dr. W. first noticed the symptoms produced by the presence of the worm in 1855, while serving in the field with the British foreign Legion in the east. His symptoms were paleness of the face and lips; alternate log and excess of appitite; vomiting in the morning; bloating of the abdomen; with sensations of contraction of the throat, and a peculiar feeling as if some foreign body were moving in the bowels. Various treatment was employed without permanent results, though temporary relief was experienced after the passage of fragments of the worm.

6413 I 12 13
Nos 416, 417. & 418. 14
7868. to 8865

Enlargement of the solitary follicles of the ileum; ulceration of the colon. (Camp fever engrafted upon Chronic diarrhoea?)

Presented by Actg Asst Surgeon A. P. Sweet Vo. S. A.
Carver General Hospital
Washington D. C.

No 416. A portion of the ileum taken from just above the ileocoecal valve; the solitary follicles enlarged to the size of pin heads. No thickening of Peyer's patches was observed in the alcoholic specimen.

No 417. A portion of the transverse colon quite thin with a number of irregularly oval ulcers.

No 418. A portion of the descending colon; the numerous irregular ulcers unite with each other forming vast erosions of the mucous membrane, most of which involve the muscular coat, and some of which penetrate it.

History by Dr. Sweet.

Private Granville Vanwagner, Co. "D" 126th Ohio Vols, was admitted July 4th 1864 from field hospital. He was very much emaciated, and appeared to be suffering from the usual symptoms of typhoid fever; tongue covered with a thick dry brown fur; teeth coated with dark sordes; bowels tympanitic. Petechiae appeared on the upper portion of the abdomen and chest. There was tenderness over the right hypochondrium; the surface of the body was dry, but there was little abnormal heat. The diarrhoea was quite severe, but there was no blood nor mucus mixed with the faeces; after a few days the diarrhoea abated somewhat; the tongue appeared moist and there seemed to be a decided improvement.

July 26th. The diarrhoea became aggravated; the tongue again became dry and dark colored. The patient became delirious, sank and died July 30th 1864.

Treatment consisted in the administration of turpentine, with opium and tannic acid to relieve diarrhoea. Brandy and quinine were given freely as stimulants.

The diet consisted of boiled milk, gruel, gelatine etc.

Autopsy 6 hours after death.

Body greatly emaciated; rigor-mortis not marked. The right lung was bound to the walls of the chest at two different points by firm old adhesions; the apex of the lung was congested. The left pleural cavity was entirely obliterated by adhesions. The heart normal; no clots. The pericardium contained two ounces of pinkish fluid. The liver enlarged and pale. The gall-bladder nearly filled with bile. The spleen, dark colored, enlarged (4 by 8 inches) and firm. The stomach was dilated and flabby; its mucous membrane thickened and softened. The jejunum was quite healthy, except slight enlargement of the solitary follicles. In the upper portion of the ileum the mucous membrane became thickened and softened; Peyer's patches congested, and when within three feet of the ileo-coecal valve, the solitary follicles became more decidedly enlarged, this continued down to the ileo-coecal valve. The large intestine was distended and thin. In the ascending colon were a number of ulcers. In the transverse colon, which made a bend downwards towards the pubis, were large ulcers with ragged edges, some of them extending through the muscular coat. These ulcers increased in size towards the sigmoid flexure.

left lung normal

No 419.

1.4.1.3.4.9.

7866

Ulceration of the colon. (Chronic diarrhoea).

Presented by Surgeon Edwin Bentley U.S.V.
3rd " Div: General Hospital
Alexandria Va.

A portion of colon presenting numerous follicular ulcers many of which are circular in form with the diseased follicle remaining in the centre.

History:

Corp.l Vine Powell, Co."K" 16th New York Cav., admitted July 13th 1864 and died July 24th 1864. His disease was diagnosed as typhoid fever.

Autopsy 6 hours after death:

Great emaciation. The lower lobe of the right lung extensively inflamed, with slight pleuritic adhesions. The liver large and fatty. The spleen much enlarged and congested. There were two intussusceptions of the ileum recent in appearance, and numerous ulcers of the intestinal mucous membrane extending from two feet above the ileo-coecal valve to the anus.

No 420.

64 S 3 E 54

7863

Extensive ulceration of the mucous membrane of the ileum, with enlargement of the solitary follicles. (Camp fever consecutive ~~upon~~ to chronic diarhoea or chronic diarhoea upon to Camp fever?).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div: U.S.A. General Hospital
Alexandria Va.

A portion of ileum taken from just above the ileo-coecal valve, with several large ulcerations which penetrate to the transverse muscle; these ulcers appear to have originated in thickened typhoid patches, which however have quite ulcerated away; the solitary follicles are enlarged, some of them ulcerated.

The patient Private George Wood, Co."K" 2nd Maine Battery Artillery was admitted July 25th 1864 in the advanced stage of Camp fever. He was nearly speechless, soon became comatose, and remained so till he died July 27th 1864.

Autopsy 22 hours after death:

The body was extremely emaciated. Besides the lesion of the small intestine there was ulceration of the large intestine; fatty liver, and distended gall-bladder.

No 421. Ulceration of the Peyer's patches of the ileum (Camp fever).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. General Hospital
Alexandria Va.

A portion of the ileum taken from near its middle with a large Peyer's patch in which are five small ulcers; very many of the Peyer's patches of this ileum were in a similar condition.

History:
Private Samuel Hurto, Co "B" 10th U.S. Infantry, admitted July 2nd 1864 with Camp fever, died July 27th.

Autopsy 11 hours after death.
Body extremely emaciated. Intestinal canal inflamed with indurated ulcers scattered throughout the ileum and colon.

Nos 422 & 423. Deep ulcerations of the colon. (Chronic diarrhoea).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. General Hospital
Alexandria Va.

No 422. A portion of the transverse, No 423 of the descending colon presenting large eroding ulcers which penetrate in No 422 to the muscular coat, and several of them in No 423 to the peritoneal coat, which however was not perforated.

History:
Private Chas. W. Akley, 7th Maine Battery, aged 16, was admitted July 4th 1864 with chronic diarrhoea. He had been suffering for five weeks, was much debilitated, and unable to walk; his tongue whitish; appetite impaired; thirst great; pulse 90 to 100; and griping pains in the bowels with tenesmus. A dose of castor oil was given followed by chalk mixture and laudanum.

July 6th. The pains in the bowels have disappeared; the stools have diminished from ten or twelve to seven per day. A nourishing diet was ordered with stimulants in small quantities.
July 12th. No better; anorexia; directed a mixture of aromatic sulphuric acid with carminatives and opiates. He died July 17th 1864 greatly emaciated.
Post-mortem examination showed ulceration of the ileum and colon.

Nos 424 & 425. Thickening and ulceration of the agminated, and enlargement of the solitary follicles of the ileum. (Camp fever).

6433842 43
7871 & 7872
No. 10.
Exp. 24/64

Presented by Actg. Asst. Surgeon O. T. Sweet U.S.A.
Carver General Hospital
Washington D.C.

See Surgeon's Call Book

No 424. Presents a thickened Peyer's patch somewhat more than three inches long, in which may be seen several small points of ulceration; one of the ulcers just below the centre of the patch, presents in its centre a small slough.

No 425. Taken from just above the ileo-coecal valve, presents a large, thickened, and ulcerated Peyer's patch, with thickening and ulceration of the solitary follicles.

See Microscopical Specimens Nos 447 & 455 and 456 and 457.

History by Dr. Sweet.

Private David Rumbally, Co "A" 32 Mass Vols, aged 20; was admitted from hospital at City Point Va. Aug 30th 1864.
Nothing of importance could be learned of the previous history of the case except that he had had diarrhoea and at times slight rigors for the past two weeks.
He was considerably emaciated; had severe diarrhoea, with pain in both right and left hypochondriac regions; and at times involuntary evacuations from the bowels;

with constant anorexia. His tongue was coated in the centre with a dry dark fur.

Sept 4th. The case was complicated with inflammation of the right pleura; the pulse greatly increased in rapidity intense pain in the right side of the chest; slight cough and hurried respiration. This was somewhat relieved by active treatment, but diarhoea and anorexia continued and the patient sank rapidly.

Sept. 5th. Delirium set in with great prostration.

Death on the 6th.

Treatment:

Brandy; Port and Sherry wine, together with opiates and astringents; and turpentine at times. Blisters were applied and opiates given to relieve pain in the hypochondriac region and chest.

Diet: Boiled milk, beef tea, rice, etc

Autopsy:

Larynx and trachea healthy. The right lung somewhat congested; the pleura pulmonalis of this side was completely covered with croupous lymph; no fluid was found in the pleural cavity. The left lung was greatly congested but otherwise healthy; numerous pleuritic adhesions on both sides. The right side of the heart contained a large fibrinous clot; the left side nearly empty; valves normal. The liver was enlarged softened and covered with adhesions, which appeared to be quite recent. The spleen attached to the walls of the abdomen by recent adhesions; its surface covered with lymph; was enlarged, soft, and of a brown color. The kidneys normal, Mesenteric glands enlarged. The stomach red and congested at the cardiac extremity; at the pylorus the mucous membrane was thickened and softened. The small intestine with both stomach and intestines inflated with gas

Heart

whole healthy except the ileum, the mucous membrane of which was congested; the agminated glands were thickened, and in the lower part both agminated and solitary follicles were ulcerated; near the ileo-coecal valve the ulcers were more numerous and stained with greenish yellow pigmentary matter. A large ulcer was found on the ileo-coecal valve. Mucous membrane of the ascending colon congested; transverse and descending colon slightly congested. The solitary follicles stained with black pigment.

Sept 6-54

7873 to 7879

Nos 426, 427. 428, 429, 430, 431 & 432.

General tuberculosis.

Presented by Acting Asst. Surgeon H. M. Dean U.S.A.
Lincoln General Hospital
Washington D.C.

See Microscopical Section, Nos. 753a to 753c, & 753f to 7542.

See Pathological Catalogue Vol. 1 page 155 Specimens

See Pathological Index Vol. 1 page 48

No 426. Larynx and part of trachea with thyroid body attached; the under surface of the epiglottis and the mucous membrane of the larynx and trachea, present a number of superficial ulcers.

No 427. A section of the upper lobe of the left lung infiltrated with yellow tubercles.

No 428. A piece of the upper portion of the jejunum presenting near its middle a large ulcer, the long diameter of which is transverse to the length of the intestinal canal. On the peritoneal surface, opposite to the ulcer are a number of small tubercles.

No 429. Taken from high up in the ileum, presents two ulcers similar in character to that in No 428.

No 430 Taken from just above the ileocecal valve, presents a slightly thickened Peyer's patch, in which are a number of small ulcers; and several small isolated ulcers connected with the solitary follicles.

No 431. A portion of the coecum and vermiform appendix; an irregular ragged ulceration surrounds the orifice of the appendix, the mucous membrane of which, is ulcerated throughout; The coecum presents a number of large irregular ulcers.

No 432. Enlarged mesenteric glands of the same patient. The piece consists of the duodenum with pancreas attached; a mass of greatly enlarged mesenteric glands are suspended anteriorly in connection with the duodenum and the head of the pancreas; posteriorly may be seen a portion of the abdominal aorta pressed back by a mass of enlarged lymphatic glands.

History:

Zacharia Trent, a rebel deserter aged abt 40 years

was admitted to Lincoln Hospital Dec 2nd 1864.
Patient had enlisted some three years previous[ly] in the rebel service, from Lynchburg Va. had deserted, and entered our service as a teamster. Four years ago he had measles followed by a tedious cough with espectoration. At the time of admission he was much emaciated, with sallow countenance and tender abdomen; there was dulness on percussion over both lungs and moist rales, there was difficulty of breathing with nausea and vomiting. This condition of the stomach remained obstinate and the patient died exhausted Dec 5th 1864.

Autopsy by Dr. Dean.

Rigor mortis marked. Body much emaciated. Countenance of a light bronze hue. Height 5 feet 8½ inches. Mucous membrane of pharynx normal. Oesophagus normal. The mucous membrane of the larynx and lower portion of trachea, roughened, apparently from minute ulceration. Both lungs studded with small tubercles from the size of a small pea down to that of a pin head. The pericardium was normal. The right side of the heart contained a large black clot; the left side a small amount of black blood; the parenchyma and valves normal; weight seven ounces. Spleen normal weight five and a half ounces. Liver normal, weight seventy ounces. Kidneys normal, weight of right four and a half, and left five ounces. Brain normal, weight fifty and a half ounces. Mesenteric glands very much enlarged and softened. The small intestines full of tubercular ulcers.

Nos 433. 434. 435, 436, & 437.

Abscess of the liver consecutive upon chronic diarrhoea. (Discharge of the abscess through diaphragm into right pleura).

Presented by Surgeon Thomas R. Crosby U.S.V.
Columbia College General Hospital. Washington D.C.

No 433. The right lung collapsed, its convex surface thickly coated with a mass of pseudo-membranous lymph.

No 434. The seventh rib, its pulmonary side denuded of periosteum and presenting on the surface several new formations of bone.

No 435. A portion of the liver presenting on its upper surface an abscess the size of a child's head.

No 436 The appendix vermiformis and a portion of the coecum presenting several follicular ulcers.

No 437. A portion of the descending colon presenting follicular ulcers, the edges of many of which, are surrounded by a fringe like layer of pseudo membrane. (See drawing Med: series).

See Microscopic Section, Nos. 7264 & 7266.

History.

Corpl. E. Campbell Co "D" 1/60 Penna. Vols, aged 24, was admitted to hospital Oct 30th 1864. suffering from chronic diarhoea. He was extremely emaciated, with frequent pulse, and five or six loose dejections daily. Anorexia.

On the 11th of November, attention was drawn to a dry cough at night and frequency of respiration. He died Nov 18th. 1864.

He received for his diarhoea chalk mixture to which a little fluid extract of ginger and tincture of bark was added; enemata of starch, water and laudanum, and hot fomentations to the epigastric region. After Nov 11th syrup of seneka and paregoric, were given for his cough, with brandy and carbonate of ammonia. Diet consisted chiefly of boiled milk and beef tea.

Autopsy 9 hours after death.

The right pleural cavity contained one gallon of sero-purulent fluid; the lung compressed and coated with pseudo-membranous lymph. The 5th 6th and 7th ribs, denuded of periosteum, were bathed in pus. On the upper surface of the liver was a large abscess, which communicated with the pleural cavity by an opening in the diaphragm three by four inches in diameter. The mucous membrane of the lower part of the ileum, was coated with pseudo-membrane, and presented a number of small follicular ulcers. Peyer's patches were but slightly thickened. The colon presented a number of follicular ulcers, the edges of many of which, were covered with pseudo membrane. Mesenteric glands enlarged.

No 438.

6453 & 10 14.

7885

See Bulletin

Follicular ulceration of the colon (Chronic diarrhoea).

Presented by Surgeon N. R. Moseley U.S.V.
Emory General Hospital
Washington D. C.

A portion of the transverse colon presenting numerous follicular ulcers and slightly frosted with pseudo-membrane.

Private Richard Bagley, Co. "H" 6th Ohio Cavalry, aged 47, was admitted to hospital November 18th 1864 in the advanced stage of chronic diarrhoea, and died four days subsequently.

He was treated with stimulants astringents and enemata of starch and laudanum. mild opium / tannin

Nov. 21-64

No 439.

1483 & 15

7886

See Va. case book 3 page 188 & 26 " 45

Perforation of the ileum. (Camp fever).

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. General Hospitals
Alexandria Va.

A portion of ileum presenting two deep typhoid ulcers, one of which has perforated; the peritoneal surface of the piece is coated with pseudo-membrane.

History by Dr. Bentley.

Private Wallace T. Fowler Co. "C" 42d Mass. Vols, was admitted Oct. 29th 1864.

Oct. 29th. Was taken sick about a week ago with a decided chill followed by a hot skin and a severe headache with thirst and diarrhoea to the extent of two or three passages daily. Has had no delirium, epistaxis nor deafness, and there is now no tympanites. He is wakeful; with a hot skin; pulse about 120, headache; thirst; scanty urine; a thickly coated dry tongue; and

some bronchial irritation. Diagnosed, Typho-malarial fever. Directed - R. Blue mass - 12 grains

Powdered ipecacuanha 6 grains

Make into six pills - Take one every four hours; also a diaphoretic mixture and milk diet.

Nov. 6th. The symptoms have abated; the tongue is cleaning and he seems much better. Continued the diaphoretic mixture and stopped the pills.

Nov. 12th. He has continued to improve until this morning; has at no time during his sickness been much debilitated; his respiration is now hurried; pulse increased in frequency; and a renewal of all the febrile symptoms, with more cough and dark flushed cheeks, but can detect none of the physical signs of pneumonia. Directed -

R. Syrup of Squill

Syrup of ipecacuanha

Sweet spirits of nitre of each half a fluid ounce.

Antimonial wine two fluid drachms.

Mix and take two fluid drachms every four hours; also warm poultices (mush), sprinkled with mustard, to be applied frequently to the chest.

Nov. 15th. His symptoms have again abated; he is so much better as to desire to leave his bed; expectorates rusty sputa and yet I can detect no physical signs of pneumonia. Continue last mixture; stop poultices.

Nov. 16th. His pulse is feeble and his skin colder than it should be, (not the coldness of prostration) Stop mixture, give Sherry wine one ounce every two hours, and beef essence in addition to milk diet.

Nov. 17th. He vomited several times during the night a greenish yellow fluid; complains of no pain except in the epigastric region; is cold; utterly prostrated; a feeble pulse; no mental derangement; his bowels have acted once or twice daily for the last few days; there is no tympanites; everything sickens him.

Directed R. Calomel 10 grains

Powdered Opium 5 grains

Make into ten powders, one to be sprinkled on the tongue every two hours. Mustard plaster to be applied to the

epigastrium; warmth to the feet, and two ounces of milk punch (half whiskey) every two hours by the rectum.
He continued to sink all day; frequently vomited a liquid resembling coffee grounds and died at 8 P.M.
At no time until today has he seemed very ill, nor has there been any mental derangement during his whole sickness.
Autopsy 16 hours after death.
Rigor-mortis great. Body not much emaciated. Omentum inflamed; external surface of the small intestine very much reddened and inflamed. The intestines were glued to each other by an extensive recent deposit of unorganized lymph. Peritoneal cavity contained two pints of yellow turbid fluid, which emited a very unpleasant foecal odor. About the middle of the ileum a perforation about the eighth of an inch in diameter was found; there were several enlarged and thickened Peyer's patches near the perforation and in the lower part of the ileum. Spleen enlarged and softened. Liver very dark externally.

No 1140.

No 3 Div 84

78 87

Diphtheria

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. General Hospital
Alexandria Va.

Larynx and a portion of trachea lined with a thick pseudo-membrane.

History, by Act. Asst. Surgeon E. G. Derby U.S.A.

Private Chas Winslow Co. A. 44 New York Vols, aged 19, was admitted Oct 21st 1864 from field hospital suffering under chronic diarrhoea and syphilis; under treatment he improved. Nov 1st He complained of sore throat and a flannel rag with tincture of camphor was directed to

be put around his neck. Nov 2nd his throat was worse and on inspection was seen to be coated with pseudo-membrane. I ordered the throat to be swabbed twice daily with tincture of iron, of which also ten drops were given three times daily. Directed milk punch and beef tea. There was already some difficulty in swallowing. During the 3rd and 4th he continued about the same; Chlorate of potassa was now directed internally and as a gargle.
Nov 5th Patient beginning to sink; swabbed the throat with Nitrate of silver solution (20 grains to the ounce) Directed wine, beef tea, and carbonate of ammonia. Dies Nov. 6th 9 A.M.
Autopsy 8 hours after death. Surg. Asst. U.S. Thomas Brown U.S.A.
No emaciation. Encephalon normal. Sides of uvula coated with pseudo-membrane. Epiglottis oedematous. its under surface, the larynx, and trachea lined with pseudo-membrane. Pericardium contained an ounce of fluid. Heart normal. Left lung healthy. Right pleural cavity contained three ounces of serum with shreds of floating lymph. The lower part of the upper lobe of the right lung was carnified. Abdominal viscera healthy.

No 1141.
62518 9
7888

Pericarditis

Presented by Asst Surgeon C. Bacon U.S.A.
U.S.A. General Hospital
Annapolis Junction Md.

Heart coated with pseudomembrane.

History.
Private David Pettis, Co "E" 14th New York Vols. Aug 22 was admitted to hospital August 27th 1864 laboring under typhoid pneumonia which had commenced on the 8th of August. He improved under treatment and was recovering appetite

and spirits, when on the afternoon of the 11th of September he was seized suddenly with violent pain in the right side, retching, oppressed respiration and feeble pulse. He died on the morning of the 13th.

Autopsy 4 hours after death.

Solidification of the left lung except at its upper portion; pleural adhesions; the pleural cavity containing two quarts of pus. Right lung congested, its pleura coated with lymph, and the cavity containing ten ounces of serum. Pericardium distended with a sero-purulent fluid, lined with tough lymph, with which the heart was also coated. Liver considerably enlarged.

Feb. 30-64.

No 442.

6458 A3

9889

Ex D. Miles case book Mus. Hos. 44

Diverticulum of the ileum.

Presented by Acty Asst Surgeon B. B. Miles U.S.A.
Jarvis General Hospital
Baltimore Md.

A piece of ileum taken about a foot and a half from the ileo-coecal valve, presenting a true diverticulum (Diverticulum verum of Meckel), about three inches in length.

Private John L. Kiveth Co "K" 2nd Tennesse Vols. aged 33 years, died May 14th 1864 in consequence of an operation performed for the relief of strangulated hernia.

No 443.

4555 B2

9890

443. Embryo of five months with placenta and unruptured membranes attached.

Contributed by Dr. C. M. Ford.
Providence Hospital, Washington D.C.
K.A.M.M.- February 1- 67.

A urinary bladder, from the inner surface of which, spring numerous polypoid growths of connective tissue, by which the cavity of the bladder was almost completely filled.
The specimen was from a boy, who was supposed at first to have stone in the bladder, until the detachment of a scrap of one of the polypi, indicated the real nature of the disease. He died without an operation having been attempted.

No 4444. Gray hepatization of the right lung; adherent pleura (Pleuro-pneumonia).

WM 13 S2 A4
P891

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div General Hospitals
Alexandria Va

See Vol. case Appx Lauer 35
See Vol. page 133

A section of the right lung, from the convex surface of which the adherent pleura has been partly reflected backwards, to show the adhesions. The lung when received at the museum, was in a state of gray hepatization.

History:

Private Martin Van Hague, Co "D" 14th Indiana Vols, aged 25, was admitted October 25th 1864, suffering with pneumonia and died Oct 29th. 1864

Autopsy 24 hours after death.

Body emaciated; back of deep purple color; ecchymosed spots on the sides. Pleuritic adhesions (recent) on the left side; left lung congested. Right lung adherent throughout, and in a state of gray hepatization. Four bird shot were found imbedded in the lower part of the costal pleura, there was however no visible external wound and they had probably entered long previously.
The heart was normal with a fibrinous clot in the right ventricle and pulmonary artery. The liver was

large, and presented several bird shot similarly encysted on the under surface of the right lobe. The spleen was enlarged and softened.

Nov. 2-64

No 445. Cirrhosis of the liver.

6415 B3

7892

Presented by Acty Asst Surgeon Fred'k Schaffirt U.S.A.
U.S. Army Medical Museum.

4 pc diseased liver 24 x 35

A antero-posterior section through the right lobe of the cirrhosed liver; the interlobular connective tissue very much developed and the surface of the liver nodulated. The organ was shrunken to about one third its usual size.

No 1146. Diphtheritic formation on the mucous membrane of the nasal passages.

6351019

7893

Presented by Acty. Asst Surgeon Geo. W. Fay U.S.A.
Patterson Park General Hospital
Baltimore Md.

The lower part of the nose with the vomer and parts of the superior maxillary bone attached; the nasal mucous membrane coated with pseudo-membrane. A communicating ulcer between the nostrils exists in the cartilaginous septum.
The specimen when received at the museum was accompanied by the soft palate, larynx, trachea, and a part of the pharynx, all coated with pseudo-membrane.

History by Dr Fay:

Private Caros D. Gibson Co "K" 4th or Vermont Vols, aged 31, was admitted to hospital October 25th 1864, suffering from amputation of the right leg performed for a gun shot wound received at the battle of Cedar Creek, Oct 19 1864. At the date of admission the stump was healing favorably, and the patient was in good physical condition, but suffered greatly from nostalgia.
Oct 30th. Some tendency to sloughing observed in the stump, with diarrhoea. Permanganate of potash was applied locally, and chalk mixture directed for the diarrhoea, with good diet.
Nov 20th. Stump healthy, and nearly healed; diarrhoea troubles occasionally.
Nov 22nd. Complains of some soreness of the throat; on examination I find a slight diphtheritic deposit on one of the tonsils. Patient has a fixed idea that his disease will be fatal. Directed; quinine, whiskey, and tincture of iron, with beef extract, oysters and chicken broth. Tincture of chloride of iron locally.
Nov 24th. The false membrane extending involving the nostrils. Patient died Nov 26th 1864.

Autopsy

Pseudo-membrane coating mucous membrane of nostrils, palate, larynx, and the upper part of the trachea.

No 447.

64581

W 44

Abscesses of the liver.

Presented by Surgeon Edwin Bentley U.S.V.
3rd Div. General Hospital
Alexandria Va.

A section of the right lobe of the liver presenting a number of abscess cavities about the size of a walnut. These abscess cavities on microscopical examination

by Asst Surgeon J. J. Woodward U.S.A. were found to contain true pus.

History.

Corpl Gideon McCall (mulatto) Co. "C" 3 d. C.S. Colored Troops aged 36, was admitted Aug. 9th 1864 labouring under a gun shot wound of the left hand and another of the hip. The patient had enlisted about the 1st of February 1864 and shortly afterwards was attacked with diarrhoea which continued with occasional intermissions up to the date of his reception into hospital. At this time (Aug. 9th) he was suffering from the wounds above described and from diarrhoea. The wounds healed kindly with simple dressings, but the diarrhoea continued; typhoid symptoms set in with obstinate hiccough. He died Oct. 8th 1864. The disease of the liver had not been diagnosed.

On reply to inquiries addressed to the ward physician it was stated that no bone had been involved by the wounds, and that the condition of the mucous membrane of the intestine was not observed.

Oct 17-64.

Nos 448 & 449. Metastasis to the liver in chronic diarrhoea.

4486 4496 4485 D.S.

7895 to 7896

Presented by Asst Surgeon Wm. F. Norris U.S.A.
Douglas General Hospital
Washington D.C.

No 448. A portion of the descending colon presenting large deep and irregular ulcerations. (2 drawings).

No 449. A section of the right lobe of the liver stuffed with small metastatic foci.

When received at the museum these foci were of a light yellow color; ~~examined~~ microscopically by Asst Surgeon J. J. Woodward U.S.A. they were found to contain innumerable granules mixed with debris of liver tissue, but no pus.

(2 drawings of both specimens).

History:

Private Danl. Snow, Co. "F" 2nd N.Y.S.A. was admitted from the Army of the Potomac Sept. 9th 1864 laboring under chronic diarrhoea. He was much emaciated and in addition to the usual symptoms of the advanced stage of chronic diarrhoea presented jaundice with frequent bilious vomiting. The abdomen was flat and tender; there was stupor, low delirium, involuntary stools, and death on the 17th. (had not been wounded)

Autopsy. by Asst Surgeon E. Curtis U.S.A.

Body emaciated, intensely jaundiced. Thoracic organs normal. The small intestine presented nothing peculiar. The mucous membrane of the colon was greatly thickened throughout, and presented numerous large irregular ragged ulcers, most of which involved the muscular coat. At the caput coli was a perforation the size of a dime. The peritoneum was roughened and the colon was adherent to the right lobe of the liver for an extent of two inches. The liver contained numerous metastatic foci, from a quarter to half an inch in diameter, which were chiefly situated in the right lobe, and on the course of the branches of the portal vein; many of them contained a small drop of yellow fluid in the centre, consisting as seen under the microscope of disorganized liver tissue, granular matter, and fat globules.

7897 to 7898

Nos 450 & 451. Cirrhosis of the liver.

Presented by Actg. Asst. Surgeon H. M. Dean U.S.A.
Lincoln General Hospital
Washington D.C.

No. 450. Is the central portion of the liver in a condition of

well marked cirrhosis.

No 451. A small section of the right lobe of the same liver from which was made the drawing Plate No medical series.

The patient Private John H. Vroomman Co. "D" 6th New York Heavy Artillery, admitted June 30th 1864 labouring under pneumonia, from which he died July 24th on the 31st. The condition of his liver was not suspected during life.

Autopsy showed gray hepatization of the lower part of the right lung; a fibrinous clot in the right ventricle and the condition of the liver shown in the specimen. The body also presented a grape shot wound of the left eye, and a lead ball encysted beneath the sterno-cleido mastoid muscle immediatly over the left common carotid.

No 452. Perforation of the ileum. (Camp fever)

6453511

7899 35

Presented by Actg Asst. Surgeon W. C. Miner U.S.A.
3rd Div. General Hospital
Alexandria Va

A portion of the ileum taken from just above the ileo-coecal valve, presenting one large, and several small ulcerations; the small ulcers are oval and penetrate to the muscular coat; the large one is irregular with overhanging edges, and occupies the site of a Peyer's patch, which however is completely ulcerated away leaving the muscular coat exposed near the centre of this ulcer is a small oval perforation. The peritoneal surface of the piece is coated with pseudo-membranous lymph.

Admitted Nov 30/64.

The patient Priv. E. J. Williamson Co. "C" 179 N. Y. V. died of peritonitis consecutive to upon camp fever Dec 5th 1864.

No 453.
6484153
7900

Abscess in the omentum; perforation of the colon.

Presented by Surgeon W. L. Fascon. 32nd Mass. Vols.
In charge Depot Hospital 5th Army Corps
City Point Virginia.

A portion of the transverse colon presenting two perforations communicating with a large irregular sinuous abscess cavity lying between the colon, the stomach and the liver. The pyloric extremity of the stomach being distended with cotton in the preparation, allows the shape and size of the abscess cavities to be readily recognised.

History by Dr Fascon.

Major John Leo. 185th Regt. New York Vols, was admitted to this hospital Nov. 18th 1864 from the division hospital at the front with a disease which was diagnosed as remittent fever. The stomach was very irritable with frequent vomiting, but there was no abdominal tenderness. On the 23rd a swelling was noticed over the left lobe of the liver; it was not tender on pressure, and subsided the next day, when the patient commenced vomiting large quantities of an offensive greenish fluid, and had copious passages per anum of bloody slime mixed with pus. On the 1st of December I made a thorough examination of his abdomen but could find no tender spot. He died on the 3rd.

Autopsy.

Right lung adherent to the walls of the chest. The stomach filled with a dark green fluid. The left lobe of the liver adherent to the transverse colon and connected by a false membrane to the stomach and omentum; on the under surface of the liver near the entrance point of the portal vessels was an abscess cavity of some size situated between the liver, the colon, and the stomach; it had discharged by two orifices into the transverse colon, and also into the abdominal cavity. The intestines contained much thick viscid pus; and pus was also found in the peritoneal sac.

Dec 7-64

No 454. Complete adhesion of the pericardium to the heart.
L 2516 11 (Pericarditis).

7901

Presented by Acting Asst Surgeon W. C. Miner U.S.A.
3rd Div General Hospital
Alexandria Va.

See Vol. case page 19

A heart, the pericardium of which is everywhere completely adherent to the surface of the organ, as shown by an incision into the cavity of the right ventricle.

History.

Serg't E. E. Bentley Co "H" 1st Mich Cav. was admitted to hospital Oct. 29th 1864 with the symptoms of pleurisy. He died Nov 22nd 1864.

Autopsy 24 hours after death.

Right lung completely adherent, with thick layers of lymph inclosing in places small quantities of fluid. Left lung coated with fibrinous deposits and compressed against the mediastinum by a large quantity of pale reddish liquid. The heart completely adherent to the pericardium. Nutmeg liver. Spleen enlarged.

7902 to 7903

Nos 455 & 456. Cystic disease of the kidneys.

L 551 6576

Presented by Acting Asst Surgeon L. M. Dean U.S.A.
Lincoln General Hospital
Washington D. C.

No 455. The right kidney presenting several small cysts on its surface; the pelvis of the kidney much enlarged and the ureter distended to nearly half an inch in diameter.

No 456. The left kidney of the same patient laid open, showing a number of small cysts on its external surface. The section passes through several cysts, of which the largest

attains the size of a shell bark. The ureter of this kidney is not preserved; it was distended similarly to that of the right kidney.

History.

Private James W. Bates, Co "F" 25th New York Cav. aged 52, was admitted into hospital Dec. 6th 1864, labouring under acute bronchitis; he was in an exceedingly feeble condition. He was treated with expectorants, and stimulants, counter irritation to the chest and supporting diet. He died Dec. 18th 1864.

Autopsy.

Rigor mortis well marked. Body well developed; height 5 feet 9 inches. Both pleurae slightly adherent, with about three ounces of fluid in each pleuritic cavity. The trachea and larynx contained much frothy rust-colored sputa, but were otherwise normal. Both lungs were much congested; on section a large amount of frothy rust-colored fluid exuded, but no part of either lung would sink in water; the right lung weighed 52, the left 28 ounces. Pericardium and heart normal, with a fibrinous clot in the left ventricle; weight of heart 11 ounces. Spleen normal; weight 7 ounces. Liver much congested but otherwise normal; weight 58½ ounces. The bladder contained 16 ounces of urine. The ureters were much distended, being about half an inch in diameter. Both kidneys presented numerous small cysts on the surface, and the left kidney laid open showed a number of larger cysts in the interior of the organ; the right kidney was not opened; left kidney weighed 4 ounces, the right was not weighed, on account of the vessels and ureters remaining attached.

No 457.

64547?

7904.

Omental cancer.

Presented by Surgeon Edwin Bentley U. S. V.
3rd Div. General Hospitals
Alexandria Va.

The preparation is a section through the liver, spleen and stomach. The anterior edge of the left lobe of the liver, and the lower edge of the spleen, are fused together by the cancerous growth. The upper surface of the stomach is connected with the lower surface of the liver by bands of pseudo-membrane.

Vol case Vol 3 page 1 & 9 Ward. dec

History.

Private Arthur Barth, Co. K 2nd Conn. Heavy Artillery, aged 40 years, was admitted October 5th 1864.

His disease was diagnosed as phthisis. There was decided flattening of the right side of the chest, with dullness on percussion over the right lung, and absence of the respiratory murmur. The left lung was resonant. There was slight expectoration of a dark muco-purulent matter. The trunk and lower extremities were oedematous. ~~The temperature normal;~~ Appetite good; bowels costive, skin dry, but of natural temperature. Powders consisting of Jalap 10 grains and Bitartiate of Potassa one drachm, were ordered every three hours. By the 8th the oedema had abated somewhat, but the patient was sleepless, with labored respiration, pulse 100, skin moist. Acetate of potassa was now directed with sweet spirits of nitre. A supporting diet was also allowed with small quantities of wine. The patient about this time refused to take medicine, gradually sank and died Nov. 11th 1864.

Autopsy. 11 hrs after death by Thomas Bowen Welch

Great post-mortem rigidity. Medium embonpoint. Pia mater slightly congested. The substance of the cerebrum was normal with the exception of a small gelatinous tumor imbedded in the right hemisphere near the posterior edge of the corpus-callosum. In the inferior horn of each of the lateral ventricles was a hydatid tumor the size of a nutmeg. The heart was pressed towards the left side, dilated somewhat and filled

#1

Medical Instances.

(Rec) 18 May 49

with dark blood. There were firm adhesions of both pleurae, the left pleural cavity containing about four ounces of bloody serum, the right nearly obliterated by adhesions. In the upper lobe of the left lung and throughout the right lung were numerous small cancer nodules. The peritoneum was thickened. The omentum was the seat of a cancerous formation of considerable size, in the growth of which it had shrunken in length and became thickened, contracting adhesions with the adjacent parts till it had formed an irregular mass, which was adherent to the whole length of the anterior edge of the liver, and to the anterior edge of the spleen. The cancerous mass surrounded the pyloric extremity of the stomach, which however had contracted no firm adhesions to it, and was also connected closely with the colon. There were many peritoneal adhesions. The stomach and intestine were normal, as were also the liver, spleen, pancreas and kidneys, no cancer nodules were observed in any of these organs.

No 458.
6413 K1
1905

Much contracted transverse colon.

Presented by Surgeon Thomas Sim U.S.V.
Patterson Park General Hospital
Baltimore Md.

From Surgical Register No. 3, p. 6.
Barney Kinney, Private,
U.S. Marine Army. Admitted
Oct. 29/64 with Gsw. Left
knee flexing joint. Age 42,
native of Ireland.
Gsw left knee of second hem.
of thigh, lower third
Nov 1st 1864.

A piece of transverse colon very much contracted, from a patient, who died of secondary haemorrhage after amputation of the thigh Nov 11th 1864.

Adm 30-64.
Dec 5-64

Autopsy - lungs small, liver very large, stomach distended with air, orbit rectum much contracted, hemorrhage proceeded from femoral artery, ligature having slipped away.

No 459 & 460. Healing typhoid ulcers. Eroding ulcers of the colon. (Diarrhoea consecutive upon fever).

64/3 N.S. 4-4

1906 to 1907

Museum No. 1.

Presented by Asst Surgeon C. Bacon U.S.A.
U.S. Army General Hospital
Annapolis Junction Md.

No 459. Is a portion of the ileum taken just above the ileo-coecal valve, presenting four typhoid ulcers, the upper two of which have completely cicatrized, the lower two partially so. The solitary follicles are enlarged to the size of pin heads.

See Microscopical Section, No. 416 & 417.

No 460. A portion of the colon near the sigmoid flexure, the mucous membrane much thickened, with irregular jagged eroding ulcers extending to the muscular coat.

History.

Private John Rice Co "F" 10th Vermont Vols - aged 23, was admitted August 27th 1864. from field hospital, at Sandy Hook Md. He was in a low typhoid condition lying dull and inattentive, complaining of abdominal pain and having frequent mucous discharges from the bowels.

Aug 30th. Discharges still frequent, skin hot and dry, pulse 100, and intermitting; much head ache.

Sept. 1st. Somewhat better; from this date the patient improved in his general condition, but the diarrhoea continued. Towards the latter part of September the febrile symptoms returned assuming a tertian form; the diarrhoea still continuing.

Sept. 29th. Much better, tongue cleaning at the edges, appetite returning, but the pulse frequent and the diarrhoea continues.

Oct. 3rd. Worse, dull, difficult to arouse, tongue dry; involuntary dejection mixed with blood and pus. From this period the patient grew rapidly worse and died Oct. 14th 1864. The treatment consisted in a supporting diet with stimulants, Opiates and astringents for the diarrhoea.

See Mic. Exam. Prep. 5 page 31.

Autopsy: Great emaciation. Cicatrizing ulcers of Peyer's patches; enlargement of the solitary follicls of the small intestine. Extensive ulceration of the colon.

No 4161
42515

1908

connective tissue formations on the aortic and mitral valves of the heart.

Presented by Actg. Asst. Surgeon H. M. Dean U.S.A.
Lincoln General Hospital
Washington D. C.

A portion of the heart dissected to show the mitral and semilunar valves. The valves are roughened by new formations of connective tissue.

History

Private Chris. Wiseman Co "D", 8th New York Heavy Artty. aged 20, was admitted into hospital Aug 28th 1864. for a gun shot wound of the head received on the 25th; the ball struck the head just above the ear, fracturing the temporal bone. The patient apparently recovered.

Dec 22nd while standing on guard, he was seized with convulsions, and died on the 24th.

Autopsy.

On removing the calvarium, a quantity of blood mixed with serum was found at the base of the brain. The left lobe of the cerebrum was softened and partly disorganized at a point corresponding to the original wound; half an inch beneath the surface at this point, was a cavity, containing a large clot and some fluid blood; measuring in all thirteen drachms. This cavity was connected by an opening with the left lateral ventricle; and all the ventricles contained more or less blood. Examination of the skull showed that the external table of the temporal bone just above the meatus, had been fractured. No lesion of the internal table could be detected. Further examination showed some enlargement of the spleen, and partial hepatization of the lower lobes of the lungs. The heart presented the condition of the valves described in the specimen, and each ventricle contained a small black clot of blood.

No 462. Follicular ulceration of the colon, with pseudo-membrane. (Chronic diarrhoea).

6413/47
7909
Duplicate No. 8.
4c

Presented by Act'g Asst Surgeon E. B. Hitz U.S.A.
Douglas General Hospital
Washington D.C.

See Microscopical Section, Nos. 7267 to 7269.

A piece of colon taken near the sigmoid flexure the mucous membrane thickened, with minute follicular ulcerations, and pseudo-membranous frosting.

History.

Private John F. Bell, Co. "F" 8th New York Heavy Artillery was admitted Sept. 9th 1864 labouring under chronic diarrhoea. He was much emaciated and had from ten to fifteen stools a day. The disease appeared to yeild to treatment and he gained strength rapidly. On the 17th of October however he had a relapse, and died on the 22nd.

Oct. 23-64

Nos 463 & 464. Tubercular ulceration of the intestine; fistula in ano.

6413/41 + 42
Duplicate No. 5.
4c Duplicate 5 pages
4c Va. cone book 224

Presented by Act'g Asst. Surgeon W. C. Miner U.S.A.
3rd Div. General Hospital
Alexandria Va.

4c
7910 to 7911

No 463. A piece of the upper portion of the ileum presenting near its centre a group of small irregular ulcers. A number of minute tubercles may be seen on the peritoneal surface at ~~x~~ points corresponding to the ulcerations.

No 464. The rectum with part of the skin surrounding the anus attached; the mucous membrane is thickened and presents several small ulcers similar to those which occur in chronic diarrhoea. On the skin close to the anus are two small fistulous orifices, communicating with an abscess

cavity rather larger than a walnut, which may be seen on the opposite side of the piece.

History.

Private Michael Clancy 102 Co. 2nd Batt V.R.C., was admitted August 25th 1864 with diarrhoea. He had been transferred to the Invalid Corps on account of an amputation of the left arm performed in August 1862. At the time of his present admission into hospital his symptoms were somewhat acute; there was nausea, griping, and eight to ten feculent passages daily. He was treated with alteratives and astringents. Some weeks later he complained of a cough and pain in the upper part of the chest. Physical examination showed dullness on percussion, over the upper part of the left lung, with rough respiration and slight mucous rale. The diarrhoea meanwhile continued with five or six passages daily. Patient began to emaciate, became low spirited, lost appetite and took to his bed. The symptoms made rapid progress and he died Dec 13th 1864. About two weeks before his death an abscess formed near the anus, which opened after a few days discharging a thick dark pus.

Autopsy.

Great emaciation. Pericardium filled with serum mixed with lymph. Both lungs containing tubercles and vomicæ; the upper part of the left lung being most extensively diseased. Liver fatty. Spleen normal. Kidneys fatty. Mesenteric glands enlarged. Small intestine presenting numerous ulcers similar to those in the specimen. Mucous membrane of the colon thickened and presenting numerous ulcers similar to those observed in camp diarrhoea. The vermiform appendix was adherent to the upper part of the rectum, and the cavities of the two communicated through an ulceration. At the anus the abscess (incomplete fistula) above described.

Nos 465 & 466.

1 64 53 & 115 & 116

7912 See Supplement No 2 7913

See Supplement No 3 post Lauer

Enlarged solitary follicles in the small intestine.
Cicatrizing ulcers of the transverse colon.

Presented by Acting Asst Surgeon W. C. Miner U.S.A.
3rd Div General Hospital
Alexandria Va

See case Vol No 465

See Vol No 466

No 465 A piece of ileum taken from near the middle with enlargement of the solitary follicles, and slight thickening of Peyer's patches (See drawing Medical series).

No 466 A piece of transverse colon presenting several small ulcerations. Near the right edge of the piece below the middle, are several ulcers in different stages of cicatrization. See Microscopical section VII. I. c 15 and 16.

See Microscopical Sections Nos. 1530 to 1531 and 1532 to 1537.

Case Book 35 says: Admitted 1864. N. Y. City, December 5th 1864. Diagnosis typhoid fever.

The patient Private Lewis Sage, died Dec 10th 1864 of chronic diarrhoea. probably typho-malarial fever engrafted on diarrhoea.

Autopsy:

The ileum presented patches of congestion with enlarged solitary follicles, and slight thickening and pigment deposit in Peyer's patches. Near the ileo-coecal valve was some ulceration apparently connected with the solitary follicles. In the ileum about three and a half feet from the ileo-coecal valve, an intestinal diverticulum two and a half inches long, was observed. The colon was ulcerated, especially at its extremities. In the transverse colon several of the ulcers were cicatrizing.

Note. Lewis Sage entered hospital with Dec 1st. he is said he had suffered several months from diarrhoea. His death is reported in the hospital reports "Typhoid fever."

No 467.

1 55 1 B 1

7914 See Vacant from 85 to page 39 Lauer

Necrosis of the cricoid cartilage. Abscess between the larynx and oesophagus.

Presented by Acting Asst Surgeon W. C. Miner U.S.A.
3rd Div General Hospital
Alexandria Va

Larynx and trachea with enlarged bronchial glands attacked, laid open posteriorly, the incission passing through the middle of the abscess. The necrosed cricoid cartilage can be distinctly seen lying free in the centre of the abscess cavity.

History.

Private C. Clements Co "C" 5th Pa Heavy Artillery, was admitted Oct 9th 1864 with chronic diarrhoea, from which he so far recovered as to be able to do duty about the hospital. About the 1st of November he was seized with fever, cough, and pain in the right lung, ~~with the physicial signs of pneumonia.~~ He improved under treatment, though numerous small abscesses formed over various parts of the chest and abdomen.

Dec 10th. He was seized with difficulty of breathing, dry cough, and pain at the upper end of the sternum.

He died suffocated Dec 24th 1864.

No tenderness of the larynx was detected on pressure, nor was any disease of that organ detected, although the attention of his attendants was directed to it during life.

Post mortem examination discovered an abscess rather larger than a walnut surrounding the posterior part of the cricoid cartilage and encroaching upon the cavity of the larynx. This abscess had not opened either into the larynx or oesophagus. From its size and position it was undoubtedly the cause of the fatal suffocation. The bronchial glands were enlarged especially those on the right side; one of them at the root of the right lung contained pus and calcareous matter. The lower lobe of the right lung was filled with milliary tubercles with which intercurrent pneumonia was associated. The posterior part of this lobe was coated with pleuritic lymph. The heart contained a firm white clot on both sides. The liver was large and pale. The spleen rather small contained a number of minute tubercles. The colon, otherwise normal presented patches of pigmentary deposits. The kidneys were small and granular.

No 468.
6413 P.M.
7915

Sloughing ulcers of Peyer's patches. (Scorbutic form of Camp fever)

Presented by Acty Asst Surgeon W. C. Miner U.S.A.
3rd Div General Hospital
Alexandria Va

The lower portion of the ileum with ileo-coecal valve and part of coecum. Three Peyer's patches ulcerated; the surface of the ulcers covered with a pultaceous slough. The solitary follicles enlarged, many of them especially near the valve ulcerated; the ulcers presenting the same character as those of Peyer's patches but smaller. Small sloughing ulcers on the under surface of the valve, and in the coecum.

History:

Private A. J. Cooper co. A. 186 New York was admitted to hospital Nov 30th 1864 by transfer from one of the hospitals at City Point Va. where he had been treated for Camp fever contracted before Petersburg Va. He presented the following symptoms. Pulse feeble, thread like, about 100; skin hot and dry; tongue dry, red, and gashed; teeth and gums coated with sordes; muttering delirium; tympanitis; petechiae and sudamina with tenderness in the right iliac region. There was also haemorrhage from the nostrils and bowels. He died Dec 8rd 1864.

Autopsy

Thoracic viscera healthy. Ileum presenting enlarged solitary follicles and sloughing ulcers of Peyer's patches. Colon pale, but not ulcerated except in the coecum. Mesenteric glands greatly enlarged. Spleen softened. Nutmeg liver.

63821 63252

№469. 470. Tubercular abscesses of the lung. Lung cicatrisc.
& 471. Tubercles of the spleen.
64252

7916 to 7918 Nov. 27.
Ye pathological

Presented by Surgeon Thomas R. Crosby U.S.V.
Columbia College General Hospital
Washington D.C.

№469. A section of both lobes of the left lung infiltrated with tubercle with numerous small irregular tubercular abscesses especially in the upper lobe.

№470. A section of the lower lobe of the right lung on the convex surface of which is a large cicatrix. The upper and middle lobes of this lung contained tubercular deposits and small abscesses; which however were not so marked as in the left lung. When received at the museum both lungs were remarkable for the abundance of black pigment which they contained.

№471. The spleen with numerous very minute tubercles imbedded in the peritoneal coat.

History:

Private Lewis King. 10th Co. 2nd Batt. V.R.C. on duty at this hospital, aged 60, was received as a patient Sept 8th. 1864 for the following symptoms. Considerable emaciation; dullness on percussion, especially over the upper part of the left lung; cavernous respiration over the upper lobe of the left lung; moist cough and copious muco-purulent expectoration; appetite good; bowels regular; pulse 90 to 100. The patient states that he is a blacksmith by occupation, that for the last ten or twelve years he has been unable to work at his trade on account of ill health; and that he has been in the service about one year but has done little duty. His complaint diagnosed as phthisis ran the usual course; with an increase of the cough and expectoration; the emaciation becoming more decided; night sweats setting in; dyspnoea, and disordered digestion. He died Dec 8th. 1864.

He was treated with cod-liver oil, stimulants, tonics and generous diet. Opiates at night, Counter irritation and anodyne friction locally.

Autopsy: 19 hrs. after death

Great emaciation. Extensive pleuritic adhesions especially on the left side. Lungs as above described. Arch of the aorta somewhat dilated and slightly atheromatous. Spleen small, with minute tubercles on its peritoneal surface. No other lesion observed.

4-9-15

No 4772.

6291 D8

7919

Ulceration and fibrinous deposits on the aortic valves.

Presented by Act'g. Asst. Surgeon O. T. Sweet U.S.A.
Carver General Hospital
Washington D. C.

A portion of the heart showing the aortic valves, ulcerated and ~~roughened~~ very with fibrinous deposits. The aorta healthy. The mitral valve also presented fibrinous concretions especially at its edge; a part of it can be seen in this view. The left ventricle greatly thickened. On the reverse of the piece may be seen the right ventricle, and pulmonary valves normal.

History

Private Edwin M. Dudley 5th Mass Battery aged 20, medium stature was admitted October 5th 1864. Nothing of importance could be obtained concerning his previous history except the report of his comrades, that he had a short time previously suffered from articular rheumatism. At date of admission he was anæmic; tongue thinly covered with a gray coat; pulse rapid and irregular; with a peculiar turgescence of the face and a look of anxiety. He was anasarcous; had dyspnœa, and rapid tumultuous action of the heart, but no decided bellows murmur was detected. He was more comfortable in the sitting posture than reclining.

Oct 7th. Continues about the same as at last note, except that the symptoms are aggravated. The heart

is very tumultuous and irregular in its action. Impulse against wall of chest great. Dyspnoea greatly increased. Complains of imperfect vision, and roaring sound in the head. Lips livid. Died this evening.

Treatment:

Owing to the late stage of the disease, no regular plan of treatment was adopted, Tincture of veratrum viridie was given to control the rapid action of the heart, and a blister applied over the cardiac region. No active depletory measures were adopted.

Autopsy 5 hours after death:

Body not emaciated. Face livid. Lungs: Right was bound to the walls of the chest anteriorly by pleuritic adhesions. Both lungs greatly congested. The right pleural cavity contained a small quantity of effused fluid. Pericardium contained two ounces of fluid. Heart was greatly dilated but there did not appear to be a very marked thickening of its walls; the right side was filled with venous blood, as were also the greater veins, but nothing further appeared abnormal on this side; the left side was also found full of dark-colored blood, and large flakes of fibrin were found entangled among the muscular columns. Small firm excressences were adherent to the edge of the mitral valve, and very large excressences nearly filling the caliber of the aortic opening, were found firmly attached to the semilunar valve, the endocardium appeared red and injected. The liver not enlarged, was firm, presenting a fine nutmeg appearance and was engorged with venous blood; the gall-bladder nearly filled with viscid bile. The spleen was bound down in the left hypochondrium by recent adhesions; on section it appeared of normal consistency and color. The kidneys were of normal size, somewhat congested; the cortical substance pale. The stomach dilated and greatly congested, about half full of undigested food. The small intestine were greatly congested throughout. The large intestine also congested but otherwise appearing healthy.

No 473. Biliary calculus.

.B485 I1

Presented by Asst Surgeon C. J. Kipp U.S.V.
General Hospital No 1.
Nashville Tenn.

7920

An oval calculus the external surface smooth, and flesh-colored; the internal surface, arranged in concentric layers, some about the same tint as the external surface, others lighter. The following data were determined by Asst Surgeon J. J. Woodward U.S.A.

Spacific gravity 1007.19. Weight grams 3.3295. Composition, chiefly cholesterine with some coloring matter.

The patient Private John D. Harris Co K 33rd Mass Vols aged 27, died of pyamia (consecutive upon an amputation for a gun-shot wound) November 28th 1863.

The gall bladder was contracted, its lining membrane thickened, and closely surrounding the calculus. The liver apparently healthy.

See Surgical Section 1927. VII. A.B. p. 164. above print.

No 474. Biliary calculi.

6485 I2

7921

Presented by Asst Surgeon C. C. Byrne U.S.A.
General Field Hospital
Chattanooga Tenn.

Three slate-colored calculi the largest about the third of an inch in diameter; the surface compressed into facets. Composition, chiefly cholesterine with much coloring matter.

Taken from the gall bladder, of Private N. J. Owens 12 Alabama Vols (Rebel) who, died Jan 29th 1864 from the consequences of a gun-shot wound.

No 475. Biliary calculus.

6485 I3

7922

Presented by Prof. Joseph Leidy M.D.
Satterlee General Hospital
West Philadelphia Pa.

Fragments of a biliary calculus the size of a hazel nut, of a ~~brownish~~ rust red color externally, grayish white and glistening internally. Composition chiefly cholesterine. The specimen has been rendered friable by soaking in alcohol.

No 476. Biliary calculus.

6485 I4

7923

Presented by Surgeon G. G. Cantwell
82nd Regt Ohio Vols.

A number of fragments of biliary calculus passed by stool by Dr Cantwell. In an attached phial is a small quantity of purified cholesterine obtained from some of the calculi.

Dr Cantwell says.

"I have just recovered from an attack of typho malarial fever, complicated with inflammation of the liver, and the formation and passage of biliary calculi. I send herewith about a third of the largest calculus passed, and also the analysis, and a specimen of cholesterin obtained from these calculi by Prof. Wormley of Sterling Medical College, Columbus Ohio. I have discharged eleven calculi during the last month in three separate paroxysms. Am now much better and hope to continue to improve.

Analysis by Prof Wormley: Cholesterine 85.5
Biliary resin 8.7
Coloring matter 7.6
Earthy salts, Phosphate & carbonate of lime 3.4
100

Dr Cantwell called at the museum in January 1865 and reported himself still suffering from attacks of biliary colic with occasional passage of calculi.

No 477. Biliary calculus.

4485 I 5

7924

Presented by Asst Surgeon J. J. Woodward U.S. Army.

An oval calculus three quarters of an inch in diameter taken from the body of a dissecting room cadaver. History unknown. The calculus is of a rich brown color, and slightly nodulated on the surface; internally a large oval nearly white nucleus of cholesterine, surrounded by mottled yellowish and brownish concentric layers, which are also chiefly cholesterine, containing however considerable pigment.

No 478. Follicular ulceration of the stomach.

64828.4

7925

Presented by Surgeon W. L. Faxon 32d Mass Vols
Depot Hospital 5th Army Corps
City Point Va.

A portion of the greater curvature of the stomach showing a number of minute ulcerations, similar to the ulcers of the solitary follicles which occour in the colon in chronic diarrhoea. The patient died of an abscess of the liver.

History by Asst Surg. G. W. Baker 2d Maine Vols
Sergeant Amos Swasey Co A 107th Penna Vols aged 32 years

was admitted from the Division Hospital at the front on the night of the 17th of January in a state of collapse. Surface pale and cold. Pulse feeble and thready. Tongue not coated, paler than natural. Complained of a feeling of weakness, but not of pain. No dyspnoea. Too feeble to give a very satisfactory account of his condition or sickness. Has not been entirely well for some time. Bowels had not been regular; some ten days before passed suddenly a pint or more of blood, has since passed bloody and muco-purulent stools at short intervals. Diagnosis: Chronic dysentery.

On the right side the superficial veins of the abdomen and thorax were so much enlarged as to lead to suspect that the inferior vena cava was in some way obstructed, but nothing definate could be ascertained at this time.

During the seven days the patient survived, there was but little change. The tongue continued clean to the last. Intellect undisturbed. Pulse from 120 to 130 small and thready. Surface pale and cold, at times covered with clammy sweat,- at no time up to natural standard of heat. Decubetus upon the right side, with feet drawn up and head elevated. Occasionally an expression of pain about the mouth, but would confess to none unless moved. Evacuations small and frequent of a dark grumous character and fetid smell, controled by injections during the first three days, which afterward were of no avail. On the evenings of the 19th and 20th he became very faint and almost pulseless, gave Sulphate of morpia ½ grain Carbonate of ammonia 5 grains with prompt relief.

The general treatment was sustaining and stimulant.

He died January 24th 1865.

The Surgeon who had charge of this patient at the Division Hospital could not fully satisfy himself as to the nature of the case. Had been under his charge some ten days. Was treated at his regiment some days before going to Division Hospital. While in Division Hospital he suffered extremely from pain which he located in the back.

Autopsy by Dr Faxon.

Height five feet ten inches. Circumferance of chest thirty 8 inches. Complete adhesion of both lungs old and firm. deposit of tubercle in apices of both. Heart healthy weight seven ounces; right ventricle filled with blood; no clot in either cavity. Spleen firm and pale, weight five ounces. Liver weighed 87 ounces, a large abscess on its under part containing about a quart of pus. No adhesion of the liver to abdominal parieties. Gall bladder full. Right kidney pale, weight four ounces. Left kidney pale weight five ounces. Stomach as in specimen. Duodenum healthy. Slight thickening of Peyers patches. Colon thickened and ulcerated.

No 479 Perforation of the ileum (Camp fever)

64 b 359

7926

Presented by Surgeon W. L. Saxon 32nd Mass Vols
Depot Hospital 5th Army Corps
City Point Va

A portion of ileum taken several feet above the ileocecal valve with two ulcerated Peyer's patches which present a peculiar cribriform appearance; near the bottom of the piece is a deep oval ulcer the long diameter of which is transverse to the gut; at the bottom of this ulcer are two oval perforations a short distance apart. The peritoneal surface of the piece is coated with a thin film of pseudo-membrane.

The intestines as received at the museum presented several other perforations.

The patient died of peritonitis consecutive upon Camp fever contracted before Petersburg Va.

63526 63529 6457 M28
Nos 480, 481, 482, 483, 484, 485, 486, 487
18.
for publication

7927 to 7934

Tubercles of the lungs. Tubercular ulceration of the bowels.

Presented by Surgeon Thomas R. Crosby U.S.V.
Columbia College General Hospital
Washington D.C.

No 480. The upper lobe of the right lung the cut surface of which shows a large number of minute tubercles; at the top of the lobe is a cavity the size of an orange with distinct firm walls. Some pleuritic adhesions. The right lung in this case presented but two lobes the middle lobe being fused with the upper.

No 481. The upper lobe of the left lung presenting on its convex surface a large and much puckered cicatricial like depression.

No 482. A piece of the upper portion of the jejunum presenting three small tubercular ulcers.

No 483. From the upper part of the ileum presenting a large oval tubercular ulcer the long diameter of which is transverse to the gut.

No 484. From the lower portion of the ileum presents a Peyers patch which is the seat of three small tubercular ulcers.

No 485. A portion of the ileum with the ileo-coecal valve and part of the coecum. A transverse ulcer just above the valve; ulcers in the coecum.

No 486 The vermiform appendix profoundly ulcerated.

No 487. A portion of the transverse colon presenting several ulcers.

History: Private Jacob Hilgard, Co "E" 104th Penna Vols was admitted Jan. 10th 1865. labouring under phthisis with distressing diarhoea muco-purulent expectoration, anorexia, and great prostration. He was treated with cod liver oil and stimulants, with generous diet, but he died on the 6th of February.
The autopsy showed tubercles in both lungs with a cavity in the right lung; tubercular ulceration in the bowels and enlargement of the mesenteric glands.

No 488. Cancer of the stomach.

8452.68

7935

Presented by Actg. Asst. Surgeon Chs. Pendleton Tull U.S.A.
Satterlee General Hospital
West Philadelphia Pa.

Pyloric portion of the stomach laid open showing cancerous thickening of the mucous membrane for several inches from the pylorus, the thickness amounting at maximum to over an inch. The gastric surface of the cancerous growth is irregularly modulated and in some places ulcerated. There were also cancer formations of the liver and the condition of the lung as described in the autopsy, which it is to be regretted was not submitted to microscopical examination.

History:

Private James Burns, Co "D" 2nd U.S. Art. was admitted to hospital May 4th 1864 from Harewood Hospital Washington D.C. He had enjoyed good health up to April 20th 1864 when he was taken sick while on picket with severe pain in the right hip and groin, which gradually passed into back, and right leg knee and ankle. He also had a severe cough and spit some blood. Had night sweats, and burning in hands and feet. This attack was so severe that it incapacitated him for duty with his regiment, and he was sent to Harewood Hospital Washington D.C. April 22nd 1864. He was treated in that hospital for about two weeks without any apparent in his condition, and was then transferred to this hospital May 4th 1864.

Symptoms on admission.

Complains of intense pain in the back and down the legs, loss of appetite and constipation with great debility. No change in these symptoms was observed until May 24th when he began to complain of increased pain in his limbs and great difficulty of breathing. May 30th No dullness on percussion posteriorly or laterally. On auscultation sonorous and sibilant sounds heard all over both lungs front and back. Heart sounds clear and distinct and very rapid. Pulse 140. Respiration 32. No appetite. Bowels rather costive. Urine normal. Tongue moist and coated with a white fur all over.

age 21, Irish, single, farmer, Lutheran; enlisted Oct. 7th 1861.

See Path. Com. Vol. 2 pages 35.

June 3rd. Resilience on percussion, not so great on the right as on the left side. Pulse 144. Respiration 28. Expir=ation much longer than inspiration (nearly twice as long) Dullness on percussion in the right sub-clavicular region, and in the axillary space. On auscultation sonorous and sibilant rales heard all over both lungs, anteriorly, laterally and posteriorly. Absence of vesicular breathing in posterior part of both lungs. Moist rales heard in right sub-clavicular region. Has great difficulty of breathing. Marked dullness upon the anterior portion of right lung, also in the right axillary space. Feeble inspiration and prolonged expiration over left lung. Absence of vesicular sounds over right lung anteriorly. Sonorous and sibilant rales recognisable in right lung. Diminished sounds over right lung posteriorly with prolonged expiration. Vesicular sounds more marked in left lung posteriorly, also sonorous and sibilant. Breathing all seems to be done with the left lung. Respiration 24. Pulse 146. Has effusion in peritoneum, first observed three or four days ago. Oedema of feet and ankles. Bowels costive. Appetite poor. Anxious expression of countenance.

A. Sonorous & sibilant rales attending the prolonged expiration

June 10th. No improvement, difficulty of breathing greatly increasing. Pains in his limbs not so troublesome but complains of a dead pain in his chest. June 12th. No change except that he is much weaker. Pain in the chest seems to increase. Decubitus on right side.

The diagnosis made during life was Chronic Rheumatism with Acute Phthisis.

June 14th. Died at 2 P.M.

Autopsy 24 hours after death.

Body emaciated, oedema of the feet and ankles.

On removing the calvarium passive congestion of the membranes of the brain was observed. The Pacchionian bodies were very abundant. The brain was healthy throughout.

A large amount of purulent serum was found in the right pleural sac, not quite so much in the left. All over the pulmonary pleura were found small round masses resembling tubercles, (probably carcinomatous masses) Upon the surface of the right lung a large amount of false membrane was found. No adhesions to the walls of the chest. Throughout the upper and middle lobes of the right lung especially the latter, and to some extent in the

inferior lobe of the same lung were found many tuberculoid masses (probably infiltrated cancer) The same condition was found throughout the left lung.
Large amount of serum found in the pericardium.
Dark black coagula found in left ventricle. The same kind of coagula with clots of fibrin in the right ventricle and auricle. The valves of the right side of the heart healthy. Mitral valves thickened at the margin. Aortic valves healthy.
A large amount of serum in the peritoneum. Upon the surface of the liver were observed a large number of round yellow masses extending nearly half an inch into the structure of the liver, in every other respect the liver was healthy. Spleen, kidneys, and intestines healthy.
Stomach carcinomatous. The body of the stomach, not far from the pylorus was encircled with a very dense mass of carcinomatous matter. The large end of the pancreas was much indurated and enlarged with cancer.

June 15-64

7936 to 7939
4453 H5 to 7.

No 489. 490. 491. Healing typhoid ulcers. Tubercles of the lungs.
& 492 Absence of the middle lobe of the right lung.

6352 S5
See Supplement vo.

See Va. case 35 page 259 Journ. & 12 page 34

Presented by Acty. Asst. Surg W. C. Miner U.S.A.
3rd Div General Hospital
Alexandria Va.

Nos 489. 490. & 491. Successive portions of the ileum showing typhoid ulcers in various stages of cicatrization. The villi enlarged giving a plush-like surface to the gut.

See Microscopical Section Nos. 478 & 479.

No 492 The right lung presenting an upper and lower lobe the middle lobe congenitally deficient. a few tubercles at the apex of the superior lobe.

History:

Admitted Jan 31-1865

Private Joseph Hughs 7th Regt. New York Cav. died February 8th 1865. of Phthisis consecutive to camp fever.

Autopsy:

Right lung as above. Left lung containing a number of large vomicae. As received while fresh at the museum the ileum was of a grayish slate color, the villi hypertrophied; at the apex of each villus a black point from the deposit of pigment. The Peyer's patches had been ulcerated away, and were in every stage of cicatrization; the ulcers being smooth the gut around them puckered. The colon was cream colored, the solitary follicles black with pigment, and a minute depression on each.

No 493. Stricture of the oesophagus.

64 S 161

1940

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

Larynx and trachea with a part of the oesophagus and the arch of the aorta attached. A morbid growth seated in the coats of the oesophagus, extends from two inches below the larynx to the bifurcation of the trachea. A stricture is thus formed which barely permitted the passage of a small flexible probe; from the upper part of the stricture a small fistulous orifice leads off to the right.
This specimen was taken from the body of a pauper in 1856. The cause of the disease appears to have been caries of the body of one or more of the cervical vertebrae, the inflammation extending to the oesophagus, which was adherent to the vertebrae posteriorly, anteriorly to the trachea. On opening the stricture in preparing the specimen, a quantity of coffee grounds were found in the passage.

No 494.

1351B2

79 41

Abscess of the larynx.

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

A larynx presenting an abscess on the right side posteriorly; the right half of the thyroid cartilage and a part of the cricoid have been removed to show the cavity.

History:

Private Wm Carpenter, Co "C", 1st Wisc Heavy Artillery suffered from the abscess above described, which obstructed respiration and required tracheotomy. The operation was performed Dec 25th 1864. Before the operation was completed the patient had ceased to breathe. The trachea was however opened and a silver catheter introduced; artificial respiration commenced and he gradually recovered himself. He was doing well on the evening of the same day, when he got up to use the chamber and expired before he could be got to bed; artificial respiration was again resorted to, but in vain.

Autopsy.

Respiratory passages normal, except the larynx. The heart was large and dilated; the walls of the right ventricle were fatty. This ventricle contained a large fibrinous clot which extended through the auriculo-ventricular opening.

Dr Culbertson describes the clot as old, and believes it and the fatty condition of the heart to be the cause of death.

No 495. Ulceration of the colon. (Chronic diarrhoea).

64 B 3 b 84

7942

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madision Wisc.

From the transverse colon which is thickened softened and presents numerous excavating ulcers which penetrate to the muscular coat.
The patient Wm Probst. Private Co "F" 5th Wisc Vols. died of Chronic diarrhoea.

15th Wis. Vols, aged 45, admitted July 15th. 1864. Diag Chronic rheumatism. 3rd August 1st of Inflammation of Bowels.

Nos 496 & 497. Ulceration of the solitary follicles of the ileum enlargement of the mesenteric glands (Diarrhoea)

6453 B 59 6283 B 6

7943 to 7944

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

No 496. From just above the ileo-coecal valve showing numerous small oval ulcers each of which appears to occupy the site of a solitary follicle. The patches of Peyer in this ileum were each the seat of several small ulcers, the remainder of the patch being normal.

No 497. Enlarged and softened mesenteric glands.
The patient Private M. Webber Co "F" 7th Wisc Vols is reported as having died of tabes mesenterica; details not given.

Mch 14-64.
Admitted to Post hospital, Camp Randall Wis, mit measles. Transferred to Harvey hospital June 11-1864. Died July, 28th.

No 498. Perforating ulcers in the stomach and duodenum.

1482B7

7945

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

A portion of the stomach the pyloric valve and a few inches of the duodenum. A small oval ulcer has perforated the stomach near the pyloric valve, a similar ulcer has perforated the duodenum just below the valve.
The patient a mechanic (D.B. Long) aged 35, died of peritonitis consecutive to the perforations which took place shortly after eating a hearty meal.

No 499. Fibrine clots in the heart.

1251H2

7946

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

A heart laid open to expose its cavities; a tough fibrinous coagulum in the right auricle and ventricle extending into the pulmonary artery. The cut extremity of the clot in the artery shows the fibrin to be arranged in concentric layers. The left ventricle also contains a white coagulum.
The patient Private J. Whittaker Co "H" 22 W.R.C. aged 46, died suddenly at Camp Randall, Madison Wisc. The heart was found enlarged and slightly fatty with the clots above described, but no other morbid condition was observed.
Dr Culbertson says. "This man had not had any other disease except that above stated."

No 500. Cystic disease of the kidney

b 55187

7947 See Dr. Miles case book, Med. page 9c. for further information.

Presented by Actg. Asst Surgeon B. B. Miles U.S.A.
Jarvis General Hospital
Baltimore Md.

The left kidney presenting on the surface two cysts the largest about the size of a walnut.
Dr. Miles describes these cysts as containing a serious fluid with the smell of urine.

History

Private C. B. Elmer Co "A" 2nd Vermont Vols. was admitted Dec 2nd 1864 and died Dec 30th 1864 of chronic diarrhoea

Autopsy 24 hours after death.

Both lungs were filled with tubercular matter with extensive pleuritic adhesions. The intestine ulcerated. The left kidney with the cysts above described.

No 501. Abscess of the liver opening externally

64 3563.

7948

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc.

The abscess has opened on the diaphragmatic surface of the liver, and formed a cavity lined with pseudo-membrane between the diaphragm and the liver. It discharged externally between the tenth and eleventh ribs; a portion of the integument remains around the external orifice. A portion of the ascending colon and the right kidney attached to the piece, show the general position of the abscess. The specimen was taken from the body of Priv. F. Bullock Co "K" 13th Wisc Vols. aged 20. who died of hepatitis

Fredrick Bullock. Admitted Dec 4th 1864. Acute hepatitis. Died Jan 14 th. 1865 of Abscess of liver.

No 502. Aneurism of the aorta

121263

79 49

Presented by Surgeon A. J. Watson U.S.V.
Clay General Hospital
Louisville Ky.

A dried preparation showing the heart and the aorta to its bifurcation, presenting two aneurismal dilatations, one in the arch, the other in the abdominal aorta. The first involves the great vessels of the neck. The cœliac axis, superior and inferior mesenteric and renal arteries, are given off from the second.

History:
Private Charles Whittman Co. "G" 1st. Mo. Art. afs 3d Kwas admitted Oct 21st. 1863.
Oct 28th. He has not been able to do duty for four or five months. He first complained of rheumatism for which he was sent to hospital at Nashville Tenn. This continued to grow worse and disabled him from duty. On admission he complained of severe pain in the epigastric region with a constant throbbing and beating sensation there. Immediately below the ensiform cartilage could be felt a tumor of an oval character less in size than a hen's egg, the pulsations of which could be distinctly felt. On auscultation a bellows murmur was heard over the tumor. A soft bellows murmur was also heard over the apex of the heart, growing louder towards the base over the root of the left lung. There was bronchial respiration with pectoriloquy at a limited spot underneath the clavicle. He had some cough.

Treatment. R. Sulphate of morphia - eight grains
Peppermint water three ounces.
Mix, and take one teaspoonfull as often as it may be necessary to alleviate pain. Diet: Milk.

Nov. 15th. The pain in the region of the tumor still continues very severe. He has also pain in the back immediately posterior to the tumor, and is

compelled to remain in a recumbent position constantly. Feels easiest when lying with his head bent down between his knees. Bowels are costive requiring frequent laxatives. Treatment continued with chicken and milk diet.

Dec 6th. He remained in about this condition requiring sometimes as much as 2½ grains of morphine in 24 hours to allay pain, until today, when he was suddenly seized with ~~sudden~~ severe convulsions ~~of a severe character~~ accompanied by great pallor and total loss of consciousness. He continued to have convulsions remaining insensible until this morning when he died.

Autopsy.

A cavity together with a number of tubercles were found in the apex of the left lung, with old pleuritic adhesions. The entire aorta from its origin was diseased. At the arch, there was a sac about the size of a small orange; below the diaphragm was a large oval aneurismal sac four inches long pressing upon the spinal column. The bodies of the last dorsal and first lumbar vertebrae, were extensively eroded by the pressure. A large clot of blood filled up the surrounding space, having escaped from the ruptured coats of the sac. Other organs healthy.

The body presented also the scars of a very successful and beautiful rhinoplastic operation performed several years ~~ago~~ previously by a Russian Surgeon.

No 503. Aneurism of the superior mesenteric artery.

625281

7950

Presented by Surgeon M. Goldsmith U.S.V.
Louisville Ky.

The abdominal aorta with its bifurcations. The branches
superior mesenteric artery is dilated into a spherical
aneurismal tumor the size of a small orange.
The tumor was recognised by its position and pulsation
during the life of the patient and diagnosed as being in one of
the abdominal vessels, not the aorta. The man died of another disease.

No 504. Small cysts on the surface of the kidney.

655168

7951

Presented by Act. Asst. Surgeon B. B. Miles U. S. A.
Jarvis General Hospital
Baltimore Md.

Anterior superior portion of left kidney presenting
two small cysts on the surface, the largest the size
of a large pea.

History.

Corpl. N. Gannan, Co "H" Coles Maryland Cavalry
was admitted to hospital in the morning and
died in the evening of January 23rd 1864 of phthisis
pulmonalis.

Autopsy.

Pleura adherent, tubercles and vomicae in both
lungs. Pleura ulcerated. Both kidneys presented
a few small cysts on the surface.

No 505. Strangulation of the intestine.

64 83 61

79 52

SF

Presented by Surgeon Howard Culbertson U.S.V.
Harvey General Hospital
Madison Wisc

A portion of mesentary in which an opening has been formed through which several feet of the lower part of the ileum passed and subsequently became strangulated.

When received at the museum the cavity of the strangulated intestine was found to be full of clotted blood. The lamina of the portion of mesentary belonging to the strangulated gut were separated by hemorrhagic extravasations and the whole peritoneal surface of the gut dark from the gorged condition of the vessels.

History:

Private Chs. Collier, Co A 8th Wisc Vols died after an attack resembling ileus which lasted thirty six hours. The symptoms were great pain; obstinate vomiting, early prostration, constipation, and great distention of the abdomen with flatus. (?) Treatment consisted in the use of anodynes.

Nos 506 & 507. Hypertrophy of the heart. Fibrous tumours of the uterus. Cysts of the right ovary.

62 51 62 65 55 03

7953 & 7954 8th Va case 8th Va 32 parts 81 drawings

Presented by Surgeon Edwin Bentley U.S.V.
In charge U.S.A. General Hospitals
Alexandria Va.

No 506. Hypertrophied heart which weighed when first removed twenty four and a quarter ounces. The walls of the left ventricle an inch in thickness.

No 507.
9954

Right ventricle nearly normal. Valves healthy. The uterus much enlarged, weight when taken from the body eleven ounces. Cervix elongated; body of the organ enlarged with a number of fibrous tumours imbedded, which varied in size from that of a pea to a walnut. The right ovary attached to the same piece presents a number of cysts, some of the smaller ones pedunculated. Length of the uterine cavity as measured by a sound was three and five eighths inches.

History:

Judith Green a colored woman 30 years of age, was admitted to the Louverture Hospital March 8th 1865 suffering from general dropsy. The lower extremities were enormously swollen. Physical examination showed an increased area of cardiac dullness and the hearts impulse was diminished. Inspection of the surface of the chest failed to recognise any movements due to the action of the heart. No indications of valvular disease were observed. The apex of the heart was recognised by its pulsations in the fifth intercostal space four and a half or five inches to the left of the median line. Patient said she had suffered nothing in the region of the heart till two or three weeks before her admission, with the exception of occasional difficulty of breathing when going up stairs or taking active exercise. She also complained of pain in the lower part of the abdomen, and great difficulty in urination. Subsequently to her admission she suffered nightly from paroxysms of dyspnoea accompanied at times by syncope. She complained frequently of a distressing sense of constriction in the praecordial region. Saline diuretics were at first resorted to with a view to the dropsy, but appearing to cause depression of the vital forces without any diminution of the anasarca, tonics and stimulants combined with the mildest diuretics were substituted. On the evening of March 20th the patient appeared quite free from pain, but sank during the night-

and died at 5 A.M. March 21st 1865.

Autopsy.

Pericardium contained five ounces of serum. The heart as above described. About six drachms of well washed fibrin were intimately interwoven with the columnae carneae, about the apex of the left ventricle. There was about one pint of serum in each pleural cavity. Both lungs were congested, the left more so than the right. The abdominal cavity contained about four pints of serum. The left kidney was congested and softened. The uterus as above described.

Note. No careful examination of the kidneys or of the urine appears to have been made in this case.

Nos. 508 & 509. Cystic disease of the kidneys.

53169 4/0

7955 to 7956

Presented by Asst Surgeon Walter Lore U.S.V.
Depot Field Hospital
Winchester Va.

No 508. The right No 509 the left kidney both containing numerous cysts, the largest about half an inch in diameter; they were filled with a yellowish serous fluid.

History.

Private J. B. Ward, Co "B" 30th Me Vols. aged 30 years, was admitted March 15th 1865 for typhoid fever. He stated that he had been in hospital about a year, and had only been returned to his regiment but two days previous to his being sent here. He stated that during the year that he had been in hospital he had suffered first from remittent fever and

afterwards from rheumatism. No symptoms indicated disease of the kidneys. He died of the fever March 25th 1866.

Med. Mus. 65

64/53/10

Nos 510. 511. 512. & 513.

7957 to 7960

Enlargement of the solitary follicles of the ileum
Follicular ulceration of the colon. (Chronic diarrhoea.)
The ileum exhibits also a healed typhoid ulcer.

Presented by Acting Asst. Surgeon H. C. May U.S.A.
General Hospital No 8
Nashville Tenn.

No 510. From high up, No 511. from near the middle, and No 512 from low down in the ileum including the ileo coecal valve. The pieces show pin head enlargement of the solitary follicles, with adherent shreds of pseudo membrane. No 511. Presents a large oval cicatrix corresponding in situation to one of the patches of Peyer. The ileum presented a number of such cicatricies

No 513. From the descending colon showing a large number of follicular ulcers, with a few adherent shreds of pseudo membrane.

History:

Private A. McGammon, Co. "K" 40th Ill. Vols was admitted Nov 18th 1864 suffering from chronic diarrhoea with frequent passages, watery, sometimes bloody, and frequently involuntary. He was much emaciated, countenance pale and anxious. There was pain and tenesmus, retention of urine and death on the 24th.

4c Tenuis bone knife 24 hrs 83.

No 514. Cicatrice from the apex of the right lung.

638253

7961

Presented by Acty. Asst. Surgeon William Herbert U.S.A.
General Hospital No 8.
Nashville Tenn.

A portion of the apex of the right lung showing a puckered cicatrix. On cutting into the tissue from behind a mass of ~~cicatrice~~ fibrous tissue was found extending irregularly some distance into the substance of the lung.
Taken from the body of Priv. C. W. Conner, Co. "C" 40 Ind. Vols aged 31. Admitted Oct 11th 1864. Died Oct 23rd 1864. Disease not given nor any particulars of the autopsy.

No 515.

6351 517

7962

Diphtheria.

Presented by Asst Surgeon H. Allen U.S.A.
Mount Pleasant General Hospital
Washington D. C.

The larynx laid open from behind with tongue and tonsils attached. The epiglottis much thickened, the larynx lined by a thick pseudo-membrane which extends to the tonsils and upon the sides of the tongue.
History.
Private Eli C. Mattson. Co "H" 9th N. York Cav. aged 22, was admitted February 11th 1865 from Sugar General Hospital Alexandria Va. suffering from acute pharyngitis and tonsillitis with exudation upon the tonsils accompanied by sthenic (?) fever. The disease at first appeared to

yield partially to treatment, but later it developed a distinct diphtheritic character, the local affection increased in severity, the false membrane appearing on the walls of the pharynx and gradually estending not withstanding all treatment to oppose it. About a week after admission the stomach became irritable, and for the last two days before death nothing was retained except a little water from ice melting in the mouth. The fever preserved its sthenic (?) character until two days before death, when the system began to suffer from imperfect aeration of the blood. From that time the purple hue of the skin became more and more strongly marked. For the last two days very little urine was voided, but no uraemic effect was observable, the mind being perfectly clear till death.

Death February 24th 1865.

Treatment:

Feb. 11th: Sulphate of magnesia six drachms in an effervesing draught. Tinc tincture of chloride of iron applied on a sponge to the throat, also used as a gargle in half an ounce to three ounces of water, and given internally fifteen drops every four hours.

Light diet.

Feb. 13th. Same, with Dover's powders every two hours.

Porter.

Feb. 17th. Solution of nitrate of silver topically on a sponge, with saturated solution of alum as a gargle. Milk punch, beef tea, mucilaginous drinks. Hoffmans anodyne and fluid extract of valerian for nervous irritability.

Feb 20th. Nausea and constipation. Lime water and milk; sinapism to epigastrium to be repeated. Enema of castile soap and lime water.

Feb 21st. Wine whey; urine and beef essence; enemata of beef essence and laudanum; ice dissolved in mouth.

Feb. 23rd Blister to epigastrium.

Feb. 24th. The raw surface sprinkled with one and a half grains of sulphate of morphia, from which

the patient gained two or three hours sleep; the stomach then tolerated a little brandy with sulphate of morphia and ice water. Topical application to the throat continued until about three hours before death. Ice applied externally.
Autopsy 15½ hours after death.
Tonsils and larynx coated with pseudo-membrane. Trachea lined throughout with firm false membrane which on the left side esten-ded into the ramifications of the bronchi. The right bronchus were not lined with membrane but greatly inflamed. Lungs healthy but strongly adherent to both thorax and diaphragm by old adhesions. Heart contained a firm well washed clot in both ventricles, the right much larger and more firm-ly attached. Valves and substance of the heart normal. Stomach, liver, spleen and intestines normal.

Feb. 25-65

Nos 516 & 517. Webbed fingers.
68 No. 384

7963 to 7964 Presented by Medical Cadet Elliot Bowies U. S. A.
Mount Pleasant General Hospital
Washington D. C.

No 516. The middle and ring fingers of the left hand firmly united by their lateral margin through-out the whole length, presenting a single nail of double width with an indentation corres-ponding to the division of the two fingers.

No 517. The middle and ring fingers of the right hand dissected to show the bones. The phalanges of the middle finger are normal, but the nail adheres to that of the ring finger. The second phalanx

of the ring finger is bifid, the ulnar branch being much the longest; the third phalanx which carries a nail of unusual breadth and which is nearly an inch in transverse diameter at its base has an articular surface uniting it with each of the branches of the second phalanx.

No. history.

No 518. Connective tissue formations and calcarious
62 S 1 B 9. concretions on the aortic valves

7965

Presented by Surgeon W. L. Faxon 32 Mass Vols.
Depot Field Hospital
City Point Va.

The root of the aorta and a part of the left ventricle dissected so as to show the aortic valves which are roughened by formations of connective tissue in which calcareous masses are imbedded. The heart as received at the museum was enlarged, the walls of the left ventricle thickened.

History by Act. Asst. Surg. H Lowenthal U.S.A.

"Lieut Co H, 143 Pa Vols Francis was admitted Feb 2nd 1865 labouring under pneumonia. When first seen by me he appeared anxious and excited, pulse 80 and of normal strength appetite poor. bowels regular. He complained of pain in the left side and said he had had palpitation of the heart for some time. Physical examination of the thorax showed slight crepitant rale on both sides of the heart, the sounds of the heart were weak but clearly audible, the second sound followed by a murmur which lasted through the pause; the area of cardiac dullness somewhat increased. Feb. 13th. Respiration difficult, sleeplessness, pains over the heart, no appetite pulse 80 but weak. A blister

was applied over the heart, beef tea and stimulants in small quantity were given with narcotics.
Feb. 14th. Dyspnoea increased although the patient feels easier. At 9 A.M. Great dyspnoea and prostration death at 10 A.M.

Feb 22-65

No 519. Oedema of the epiglottis and glottis

63163

79606 Presented by Asst Surgeon W.m F. Norris U.S.A.
Douglas General Hospital
Washington D. C.

Larynx and part of trachea laid open showing the epiglottis and mucous membrane of the orifice of the glottis much thickened. Laryngotomy has been performed, the incision passing perpendicularly through crico-thyroid membrane and the cricoid cartilage in the median line.

See Statistical Volumes Index Book 27 Page 63. Lungs

No 213. Chronic pneumonia with tubercular cavities Lungs

History

Private Wm Schlosser Co "F" 140th Ind Vols, was admitted Feb 3rd 1865 convalescent from an attack of acute bronchitis. He continued to improve until Feb 12th. when an attack of sore throat with enlargement of the tonsils and swelling of the glands of the neck supervened. These symptoms however were not sufficiently severe to cause any uneasiness, until Feb 14th when he was suddenly seized with the most severe dyspnoea. This on examination proved to be due to oedema of the glottis, and the finger introduced into the throat readily distinguished the swollen lips of the glottis and the enlarged and thickened epiglottis
As the dyspnoea rapidly increased, a consultation was held in the case and it was decided to try palliative measures to constringe the

swollen parts by the application of nitrate of silver and by free scarification of the epiglottis and edges of the glottis; and to relieve the spasm and swelling of the surrounding parts by emetics and the application of moist heat. These measures produced some temporary relief; but some hours later the dyspnoea returned with increased violence; his lips became blue, respiration labored, pulse feeble and rapid, and it was then determined to perform laryngotomy. This was done by the Surgeon in charge, and a free incision made through the cricoid cartilage and crico-thyroid membrane, and the lips of the wound dragged apart. It was however too late, the patient took two or three stertorous inspirations coughed out a few drops of blood and died.

The autopsy twelve hours after death showed that the trachea and bronchial tubes were in a state of acute inflammation, the mucous membrane lining them intensely red and much thickened throughout. The lining membrane of the larynx pale, and the epiglottis and the mucous membrane of the vocal folds and the orifice of the glottis very much thickened and oedematous so as completely to close the entrance to the larynx, there was no false membrane nor other exudation at any part in the entire track of the air passages.

The duration of the case was about seven hours and there appears to be no good reason why an operation sooner performed should not have been successful in saving life.

Mch 30-65

No 520. Cerebro spinal meningitis

le 182 a5

(96)

Presented by Actg Asst Surgeon W. C. Minor U.S.A.
3rd Div. General Hospital
Alexandria Va.

The posterior portion of the left cerebral hemisphere dissected so as to show a part of the left lateral ventricle; the choroid plexus is roughened by pseudo membrane, and shreds of lymph hang from various parts of the ventricle. The brain when received at the museum in the fresh state was of normal consistance. The vessels of the pia-mater greatly congested. The cerebral lobes coated with patches of opaque greenish lymph, masses of which were also adherent to the medulla-oblongata and the pons. The lateral, third, and fourth ventricles, were filled with a greenish sero-purulant fluid, with masses of green opaque lymph adherent to the choroid plexus on either side and to various points on the inner surface of the ventricles. The brain did not harden well in alcohol and the portion preserved is the only part which after hardening presented a characteristic appearance

History by Actg Asst. Surg S. D. Twining U.S.A.

Private M. Marshall Stowell Co "C" 189 New York Vols was admitted from City Point Va Nov 20th 1864. He was restless and noisy, with frequent irregular pulse, hot dry skin, flushed face, injected eyes, dry coated and somewhat swollen tongue. There was no diarrhoea. Applied cold water to the head, sinapisms to the neck and ankles, gave extract of hyosciamus.

Dec 1st. Quieter - sinapisms and hyosciamus as before with stimulants and chlorate of potassa, bowels natural

Dec 10th. Pain in the head complained of with abdominal tenderness and vomiting. Sinapisms to the abdomen.

Dec 11. Pulse 135, poultices to the abdomen. The pain

and tenderness are increasing. the bowels con-
-stipated.

Dec. 16th. Bowels not yet moved, turpentine enema produced a full evacuation; breathing rapid, the patient inclined to coma; Dec 18th a blister was applied to the head. The symptoms subsequently became worse and the patient died comatose Dec 20th 1854.

Autopsy by Dr Miner. 16 hrs. after death

Body emaciated. No petechiae nor spots. Face pale. But little blood on section of scalp. Surface of brain congested with but little effusion under arachnoid. Lateral, middle and fourth ventricles filled with purulent serum and sticky lymph. substance of brain not softened. Posterior portion of lower lobe of right lung of a dark red color, still mostly crepitant and with muco-pus in the minute bronchi. Posterior part of upper lobe of left lung softened and of dark red color but crepitant. Old adhesions of both lungs. Right side of heart distended, a firm white clot and thick but fluid black blood. Liver pale with yellowish spots extending from its surface down into the substance. (?) Spleen no larger than fist. firm, of a light reddish-brown color. Kidneys showing fatty granular degeneration. Bladder distended. filling the pelvis and reaching to within three inches of the umbilicus. Mesenteric glands enlarged. Ileum congested on mesenteric side, without ulcers or patches and comparatively empty. Colon normal and with firm feces of normal appearance but no great quan-
-tity. Oval dark spots of a bluish tinge from transverse colon to rectum.

No 521.
635267
7968

Empyaemia.

Presented by Surgeon N. R. Moseley U.S.V.
Emory General Hospital
Washington D.C.

Portions of the ribs of the left side with a part of the lung adherent anteriorly; posteriorly the lung which is coated with pseudo membrane and somewhat collapsed, is separated from the ~~thoracic parieties~~ Pleura costalis which is similarly coated. A glass rod is passed through the orifice between the sixth and seventh ribs by which the pus was evacuated.

History.

Private G. W. Benton, Co F. 14th N. Y. H. A. aet 18 was admitted Dec 27th 1864. for a disease which was diagnosed as pneumonia. Toward the close of January 1865 he became convalescent.

On the 20th of February he was again attacked with pain in the side attended by fever and cough, for which syrup was prescribed, and a Dover's powder at night. On the 21st the fever was worse, the pains more severe, and a friction sound was heard over the heart. On the 22nd there was headache, and slight oedema of the limbs. On the 23rd the fever abated somewhat but there was accelerated pulse, dyspnoea, cough, and the expectoration of glairy mucus. Tartar emetic was prescribed with brandy and beef tea.

On the 25th the pain had much increased and there was marked dullness on the left side, the tartar emetic was continued with a blister to the seat of pain. On the 27th the pain had somewhat diminished, but the patient was very weak. Beef essence was freely given with brandy.

On the 6th of March an abscess pointed between the sixth and seventh ribs which was opened on the 8th and discharged two quarts of pus.

Died on Operation

Autopsy by Act. Asst Surg Ensign U.S.A. March 12th.

The left lung collapsed, adherent anteriorly,

posteriorly the chest full of purulent liquid which had discharged anteriorly between the sixth and seventh ribs. Between the fourth and fifth ribs the pus had found its way through the intercostal muscles but had not penetrated the skin. The pericardium contained some purulent fluid and both pericardium and heart were coated with tough layers of yellow lymph.

Note. A case of pleurisy complicated by pericarditis with empyaema and discharge of pus externally. The pleuritic effection was evidently not correctly diagnosed during life.

March 17-65

No 522 — Diaphragmatic hernia.

64/3/62

7969

Presented by Actg. Asst Surg. P. J. Moxley U.S.A.
Augur General Hospital
Near Alexandria Va.

Diaphragmatic hernia in which the stomach and a large portion of the greater omentum have passed through the oesophageal opening of the diaphragm into the thoracic cavity. The stomach and omentum were greatly congested and the stomach was filled with blood.

History.

Sergeant Lorenzo McBride, Co. A 14th Reg. Vet. Res. Corps. was admitted at U.S.A. March 8th 1865. laboring under the symptoms of strangulation of the bowels. vomiting was frequent, pulse quick and feeble, countenance anxious, and expressive of severe pain, and great suffering. He said that he had never had hernia to his knowledge, and no external

appearance of hernia could be detected. His symptoms increased in violence up to 11 A.M. March 10th when death closed the scene thirty six hours after his admission to hospital.

On post mortem examination it was found that a portion of the stomach and omentum had forced their way through the oesophageal opening into the cavity of the thorax as seen in the specimen. The left lung was partly collapsed, but no trace of inflammation could be found except in the protruded parts which were greatly congested and gorged with blood.

Sergeant McBride enlisted in company "B" 56 Regt N.Y. Vols 1861. was wounded at Spottsylvania Va. May 12th 1864 in the left arm for which he was transferred to the Vet. Res Corps Oct 8th 1864 having been in fourteen battles.

No 523.
C4. Sc. 7. E3
7970

Metastatic abscess of the spleen.

Presented by Surgeon N. L. Tiffany 32 Mass.
Depot Hospital 5th Army Corps
City Point Va.

Spleen incised transversely; at the junction of the upper and middle thirds of the incision is a metastatic focus the size of a small walnut. The specimen arrived at the museum too much altered by the alcohol for microscopical examination

Admitted Feb. 20th 1865 = Died March 4th.

Private Philip Dick Co "I" 18th N.Y. Vols. died of pneumonia

Autopsy 8 hours after death.

Height five feet five inches. Circumference of chest 33 inches. Spots of purpura scattered over the

lower extremities the largest a quarter of an inch in diameter. The lower lobes of both lungs pneumonic, sinking in water, the upper lobes little affected. On the outer side of the lower lobe of the left lung was a stellate sunken cicatrix on cutting through which a collection of tubercular matter was found the size of a butter nut. The heart was healthy, a large white shining clot occupied the right ventricle. a smaller one in the left. The liver and kidneys were healthy. Spleen adherent to the diaphragm and presented the metastatic focus above described, weight of the organ twelve ounces. The ileum was ulcerated, there was a small ulcer near the middle of the greater curvature of the stomach. The rest of the intestine healthy with the exception of scattered patches of congestion. Mesenteric glands enlarged. The man is said to have been a hard drinker.

6453 6551 7971 to 7972

Nos 524 & 525. Anomalous position of kidney. Pseudo-membranous inflammation of colon. (Chronic diarrhoea).

Presented by Surgeon J. C. Jewett U. S. V.
Knight General Hospital
New Haven Conn.

No 524. A portion of colon coated with pseudo-membrane and showing a few superficial ulcers.

No 525. The left kidney situated beneath the bifurcation of the aorta. The aorta at its bifurcation gives off three renal arteries, one of which bifurcates so that four renal arteries enter the substance of the kidney; one (two) of these enters the pelvis of the kidney, the others at various points (in) at its upper part.

* Norm Barracks corr

The patient Lyman K. Stearns Co "D" 14th Conn Vols. died March 16th 1865. of Chronic diarrhoea.
The colon was ulcerated and coated with pseudo membrane. Left kidney situated on the last two lumbar vertebra and on the promontory of the sacrum nearly in the median line of the body. The right kidney normal in size and relations.

Afpl. 9-65

No 526. Pleurisy.

63 S2 62

7973

Presented by Acty Asst. Surgeon W. C. Miner U.S.A.
3d Div. General Hospital
Alexandria Va.

Va. case 2.99. pres. 3 pl. Lower. See 3 pl. pres. & right

Left lung the anterior portion coated with pseudo-membrane by which it adhered to the anterior parietes of the chest. The posterior portion of the lung but slightly altered, this unaltered portion corresponded to the seat of a considerable serous effusion by which the lung was compressed
The patient Pvt Benj Barnes 5th Md Vols. died of erysipelas Feb 9th 1865.

No 527. Follicular ulceration of the colon with cysti formations. (Chronic diarrhoea)

64 S3 L048

7974

4 specimens 44

Presented by Surgeon N. R. Moseley U.S.V.
Emory General Hospital
Washington D. C.

See Microscopic Section, Nos. 7070 and 7071.

A portion of transverse colon, thickened, with shreds of pseudo membrane adherent, and a number of follicular ulcers. When first received at the museum many of the solitary follicles were converted into cysts which projected above the surface of the gut, the vesicles however subsequently collapsed and the excavations thus left resemble the other ulcers.

Private John Fulton, Co "B" 16th Penna Cav. aged 23, was admitted Nov 14th 1864. according to Act. Asst. Surg. L. M. Osmun U.S.A. who had charge of the case, with intermittent fever and chronic diarrhoea. Quinia, opiates, and astringents were employed with stimulants and good diet, the patient however died Dec 27th 1864.

The whole colon was found in the condition of the specimen.

No 528

6551D2

7975

Diphtheria involving the fauces - Asphyxia from oedema of the glottis. - Tracheotomy - Death.

Presented by Asst Surgeon R. F. Weir U. S. A.
U. S. Army General Hospital
Frederick Md.

Larynx with part of tongue and tonsils attached. Tonsils somewhat coated with diphtheritic membrane. The epiglottis oedematous. The incision made by the operation of laryngotomy in the crico-thyroid space.

History.

Private David Late - age 19, Co "K" 1st Vt Cav was admitted Dec 23rd 1864 under Dr McFaullin.

On admission he complained of general lassitude, chilliness, pains in the limbs and

loss of appetite, his surface and conjunctiva being deeply tinged with icterus. He was not confined to bed.

Dec 28th. He complained of sore throat which when examined was found highly congested and inflamed, the inflammation involving both tonsils and extending upward along the anterior palatine arch to the soft palate, extended over it and included a portion of the roof of the mouth. Ordered a gargle composed of chlorate of potassa with very slight relief.

Dec 29th. Applied nitrate of silver to tonsils and palate without relief.

Dec 30th. Tongue tonsils and palate greatly swollen, highly inflamed, and obstructing the passage of solid food. Nitrate of silver in solution internally with Tincture of iodine externally. Liquid farinaceous food given.

Dec 31st. Patient passed a restless night from dyspnoea, pulse full and quick. Articulation very imperfect. Ordered two wet cups to be applied over the right side of the neck.

Jan 1st 1866. No better, dyspnoea increasing, a membranous exudation of some consistence depending from the uvula, which on being partially detached left a clean red highly inflamed surface. Wet cups applied over left side of neck. Liq. chloride of iron ten drops three times a day internally.

Jan 2nd. Patient complains of cold extremities, coughs up a thickened glairy mucus, mixed with blood and particles of membrane of a very offensive odor. Dyspnoea increasing. 2 P.M. Patient seized with paroxysm of dyspnoea which resulted in asphyxia and death. Before tracheotomy could be resorted to, respiration had ceased. The larynx was however opened and artificial respiration kept up unsuccessfully for 20 minutes.

Autopsy 24 hours after death.
Body well nourished. Specimen removed en masse. It consists of a small piece of trachea the larynx, tongue and tonsils. The tonsils coated with pseudo membrane which extended also into the follicles. The velum palati was also covered with a partially detached membranous exudation of some consistence blackened externally by the preparation of iron which had been administered internally, beneath this membrane was an effusion of blood. Glottis, epiglottis and aryteno-epiglottic folds, were found oedematous Some effusion of blood in larynx.

No 529.
63/5/16
7976

Diphtheria.

Presented by Asst Surgeon R. F. Weir U. S. A.
U. S. Army General Hospital
Frederick Md.

Larynx with soft palate attached. Soft palate coated with pseudo-membrane which also lines the larynx.
Private Thomas Bromling age 24, Co "C" 106th N.Y. was admitted July 10th 1864 under Dr. G. M. Faulkner. wounded at the battle of Monocacy Junction July 9th 1864 by a conical ball which entered on the inner side of the thigh, severely comminuting the femur at the lower portion of the middle third and emerged on the outer side of the limb. Upon admission the limb was found to be oedematous. No constitutional disturbance.
Upon consultation it was decided that the character of the injury necessitated amputation, and that the patients general condition would admit

Now in Surgical Museum Army Medical Museum Washington D.C. Vol. II page 286. Cases

Note. Dec. 15. 1865. This wound healed in 120 days. Patient discharged cured.

of it. Amputation was therefore performed (circu-
-lar method) at the junction of the upper and
middle thirds. The patient did not rally as
well as was anticipated after the operation.
July 15th. The patient has been failing the last
two days. Pulse accelerated and feeble, tongue
pale, skin sallow, appetite greatly impaired.
Had an attack of secondary hemorrhage
to day. The flaps were separated to ascertain
the place of bleeding, a branch of the profunda
was drawn down and secured by a ligature.
The amount of hemorrhage was four ounces.
Treatment: Milk punch and beef tea
alternately every hour. Tincture of chloride of iron
20 drops three times daily. The flaps were left
open, general condition as before.
July 17th. The stump has commenced sloughing
A poultice of flaxseed and yeast equal parts
was applied. Brandy substituted for milk punch
Iron and generous diet continued.
July 18th. Has not improved in any particular;
stumps still sloughing. Poultice continued as a
dressing; washed three times a day with the
solution of permanganate of potash.
July 19th. Healthy granulation springing up
in the centre of the stump. General condition
deteriorating, Complescion dull, sallow, skin
dry. No appetite, pulse weak, complains of
difficult respiration.
July 20th. No materiab change.
July 21st. Respiration becoming decidedly oppress.
-ive, left lung being dull on percussion. Crepitant
ronchus can be heard over same lung. Mustard
plaster applied. Stump looking healthy in centre
flaps still sloughing.
July 22nd Died this morning.
Autopsy 8 hours after death.
Body somewhat emaciated. Rigor mortis marked. Exte
-nsive pleuritic adhesions on both sides, both lungs
congested and infiltrated with serum. weight of

these organs three pounds four ounces. Liver healthy weight four pounds five ounces. Heart healthy weight thirteen ounces. Spleen congested weight eleven ounces. Kidneys each four ounces, healthy.

No. 530.
65|1 B2
7977

Acute Brights Disease.

Presented by Asst Surgeon W.m F. Norris U.S.A.
Douglas General Hospital
Washington D.C.

Left kidney enlarged which weighed when taken from the body eleven ounces. When received at the museum the kidneys ~~with its fellow~~ were of a tawny yellow color mottled on the surface. The epithelium of the tubuli uriniferi filled with oil drops, the connective tissue cells of the matrix beginning to multiply.

History by Actg Asst Surg. D. L. Haight U.S.A.

Private John E. Wood, Co "I" 10th N. Y. H.A. was admitted Dec 24th 1864. His legs, face, and eyelids were oedematous. He stated that some three weeks previous to admission he had caught a severe cold by being exposed to dampness and lying on the ground; within a day or two his legs began to swell, and they continued to do so until he came here. He also stated that he had had syphilis, and at the date of admission his body was covered with copper colored spots. On examination he was judged to have an acute attack of Morbus Brightii of only three weeks standing. His urine gave by heat and nitric acid an abundant deposit of albumen, and under the microscope showed casts in great plenty. These were seen filled with oil globules, some blood also was discovered Notwithstanding very active treatment he failed

See Pathological Catalogue Vol 4. page 27 Case of "21"

rapidly till January 10th 1865 when under the use of digitalis he rallied remarkably. About Feb. 22nd he began again to sink, and becoming much oppressed for breath, his tissues all very oedematous and his abdomen filled with fluid, he died March 1st 1865.

Autopsy 10 hours after death.

Tissues all oedematous. Abdominal cavity containing about eight quarts of fluid. Right kidney weighed ten ounces the left eleven ounces, they were in the conditions above described. The other organs were not examined.

Mch 1-65

No. 531. Cholesteatoma. Styloid process of bone projecting from the sphenoid. Epilepsy. Death.

61.S1.D1

7978

Presented by Surgeon W.m J. Wolfley U.S.V. Surgeon in chief De Russeys Division Fort Strong Va.

A rounded oval tumor one a half inch in diameter, slightly modulated on the surface. The external appearance of the tumor closely resembled mother of pearl; it was composed of a delicate cyst of connective tissue beneath which were vast numbers of polygonal flattened cells, arranged concentrically in layers like the layers of an onion, between these cells lay a great number of chlesterine tables. See preparations in microscopical museum and photographs.

In its structure this tumor corresponded with the tumors described as cholesteatoma by Müller.

This tumor was removed from the inner surface of the frontal bone to which it was attached three quarters of an inch above the orbital plate about the middle of the right side of the bone.

it projected inwards against the right anterior cerebral lobe.

See Microscopical Section, Nos. 370 and 371.

Suspended beneath the tumor in the preparation is a piece of dura mater with a needle like spiculum of bone imbedded; this was removed from the lesser wing of the sphenoid bone on the right side whence it projected upwards, backwards and outwards.

History by Actg. Asst. Surg. N. B. Deas U.S.A.

Private William Rogers 16th Ind Artly. age 21 years five feet five inches in height, weight 160 pounds of a full plethoric habit and by occupation a farmer, was enlisted Oct. 19th 1864 in Lafayette Ind by Capt Parke to serve for one year. He had been in service previous to his last enlistment, from which he was discharged in July (August) 1862 on account of disability caused by epileptic fits. He has not been known to have any during his present enlistment until April 7th 1865. He was admitted to Fort Strong Hospital March 18th 1865 for the second time from Fort Morton Va. suffering from a severe attack of subacute rheumatism accompanied with considerable fever. He was kept on low diet and treated with Rochelle salts one drachm three times a day; five grains of quinia bis in a day, and tincture of colchicum seeds half a fluid drachm three times daily. He recovered rapidly and by April 1st was convalescent.

April 7th He had an attack of epilepsy about 5 P.M. lasting fifteen minutes. At 4 A.M. of April 10th a series of epileptiform attacks set in which lasted until death at 4 P.M of the same day. There was an intermission of about four minutes between each of the attacks, which were of a severe character the first throwing him out of his bed with much violence.

Autopsy:

Dura mater normal. Attached to the surface of the frontal bone on the right of the median line was found a tumor one and fourth inch in diameter

of a silvery white pearly appearance esternally and of a cheesy consistence and yellow grayish color internally. From the lesser wing of the sphenoid grew a spicule of bone projecting from below upwards, backwards and outwards, measuring 3/4 of an inch in length and one line in diameter. Old adhesions on the right and left sides of the pleura, the left only slightly, Lungs filled with blood and hepatization of the lower part of the right lung. Fatty degeneration of the wall of the right ventricle of the heart; tricuspid valve normal, hypertrophy of the left ventricle; mitral valves thickened, semilunar valves with fibrinous granulations. Pericardium normal.

April 12-65

No 532.
WB 53 A4
7979

Diverticulum of the ileum.

Presented by Asst Surgeon R.F. Weir U.S.A.
U.S.A. General Hospital
Frederick Md.

A piece of ileum presenting a true diverticulum about two inches in length.

No 533. Aneurism of the aorta.

623265

7980

Contributed by S. J. Sprung M.D.
Army Medical Museum, Washington D.C.

Heart and arch of the aorta, a large aneurismal sac involving the aorta from its origin to just beyond the subclavian; by pressure the sac has produced atrophy of the sternum and projects as a tumor through the centre of that bone

533a 623266 Colon's plaster cast of same specimen. No history.

7981

No 534. Lobulated spleen with supernumerary spleens

7982

Presented by Actg Asst. Surgeon W. C. Meisen U.S.A.
3rd Div General Hospital
Alexandria Va.

A deeply lobulated spleen with six supernumerary spleens attached; the latter vary from less than half an inch to one inch in diameter.
The patient Private Henry Philips Co "D" 116 N.Y.V. died April 20th 1864 after resection of the hip performed for a gun shot wound. The surgical specimen and history, are in the surgical series of the museum. See 3235 + 11 A B & 11 Reg. Sect.

No 535

7983

Soft connective tissue tumor (Sarcoma) between the posterior lobes of the cerebrum.

Presented by Asst Surgeon R. F. Weir U.S.A.
U.S.A. General Hospital
Frederick Md.

An oval tumor three inches long by two and a half wide situated between the posterior lobes of the cerebrum; it was attached below to the tentorium and the crura of the cerebellum. The specimen had been in alcohol some time when received at the museum, nevertheless thin sections of a boiled portion of the tumor permitted its structure to be well made out. It was composed of comparatively a large amount of spindle shaped nucleated connective tissue cells with a scanty matrisc; the cells arranged after the areolar type. The tumor belongs to that category in which sarcoma borders on cancer. See Microscopical Section, Nos. 361 to 369.

History.

Private Jacob Walder, Co "E" 2nd Mass Vols was admitted Sept 27th 1864 under Dr W. S. Adams, suffering with symptoms of typhoid fever complicated with brain troubles, extreme tenderness in the right iliac region and retention of urine. A catheter was passed and about three pints of urine drawn. The patient was only partially conscious, his bowels constipated, pulse 90 and feeble, tongue coated, brown, dry and slightly cracked. Ordered turpentine in ten drop doses and milk punch.

Sept 29th. Patient passes his water involuntarily, condition otherwise the same. Continued treatment.

Oct 5th. Condition abut the same, He swallowes whatever is put in his mouth; bowels still constipated Ordered cold water enema. Tympanites has subsided, tongue is becoming clean. Stop turpentine.

Oct 12th. Patient is almost in a complete stupor swallows with much difficulty. Ordered beef essence one ounce, whiskey one ounce per rectum every three hours.

Oct 16th Condition the same, Treatment continued

Died at 10 P. M.

Autopsy. 12 hours after death.

Rigor mortis distinct. Body much emaciated Lungs slightly congested otherwise healthy. Heart normal. Liver healthy. Spleen somewhat enlarged Kidneys healthy. Peyers patches much enlarged. On removing the calvarium a tumor about the size of an orange was found lying between the posterior lobes of the cerebrum. It was very consistent and in making a section through, it cut like soft cartilage.

No 536.
1583a1

7984

Hypertrophy of the muscular coat of the bladder with cyst-like hernias of the mucous membrane
Great distention of the ureters, the pelves of the kidneys, and even of the kidneys themselves
(Stricture of the urethra)

Presented by Asst Surgeon R. F. Weir U. S. A.
U. S. A. General Hospital
Frederick Md.

Right kidney with greatly dilated pelvis, pyramids encroached upon, kidney dilated into a multilocular cyst, the walls of which are composed of the atrophied renal tissue. In the left kidney the same process has commenced its pelvis being greatly distended. The ureters are dilated to the size of the forefinger. The muscular coat of the bladder hypertrophied, the thickened bundles of muscles forming an areolar arrangement through the meshes of which a number of hernias of the mucous membrane have taken place; the protruded mucous membrane in these places forms oval cysts, the largest of which is over two inches in diameter, and the smallest about a quarter of an inch in diameter. These cysts communicate with the cavity of the bladder by a comparatively narrow orifice. The above alterations are believed to be the consequence of a stricture of the urethra, but the physician who made the post mortem did not examine this duct satisfactorily.
The prostate was not enlarged.

History.

Private Wm Pue, aged 43, Co. "G" 122 Ohio Vols. was admitted, Nov 12th 1864 under Dr J. C. Skinner. Patient was in articulo mortis when admitted; as a consequence no information could be elicited from him as to his previous history, nor could any satisfactory reply be given when questioned upon his condition. He was greatly emaciated and had constant involuntary evacuations of urine and faeces.

from field
Use bone pus
Urine - Yes; present
No. 3 - pus?
Urea

Milk punch was vigorously pushed, and a solution of tannic acid and laudanum was given as an enema.

Autopsy 10 hours after death.

The kidneys, ureters and bladder were removed en masse, but unfortunately the penis was torn through the membranous portion of the urethra during removal. The urethra was found in the small parts of the membranous portion that was left to be reduced in calibre, though permitting a free escape of urine from the bladder, and suggesting the thought that a stricture had existed in the parts torn through. The kidneys, ureters, and bladder were in the condition above described, the various cavities distended with about two quarts of urine.

Other organs healthy.

Nos. 537. 538. & 539. Cancer of the liver and stomach.

64526 64527+8

7985 to 7987

Presented by Surgeon Thomas Sim U.S.V.
Patterson Park General Hospital
Baltimore Md.

No 537. The pyloric extremity of the stomach thickened into irregular scirrhus nodules. The duodenum healthy; probes have been introduced into the pancreatic duct and the common gall duct. The pancreas healthy. A large number of lymphatic glands attached, converted into large medullary masses. Several enlarged medullary lymphatic glands separate the aorta and vena cava.

No 538. The liver filled with innumerable large medullary masses its weight after having been some time in alcohol, was nine pounds eight ounces.

No 539. A plaster cast of the same liver colored after nature.

History

Private Thos Reely age 35, Co "G" 64 N.Y.V. was admitted Feb 8th 1865 from City Point Va. with evident induration and enlargement of the liver. At various times he complained of pains over the region of the liver, but it was not severe and was relieved by the nitro-muriatic acid bath. His general health was good, requiring no active treatment. His appetite was good. The men in the ward believed him to be malingering.

He died March 13th 1865 under the following circumstances. At 3.30 A.M. he walked from his bed to the bath room and drank a large quantity of water, when returning to his bed he fell striking his head on the table and cutting himself; the nurse put him in bed and at 7 A.M. he died, being conscious to the last.

Autopsy.

On opening the abdomen the outer layer of the peritoneum was found thickened, and the omentum highly injected. The liver was enormously enlarged, crowding the intestine downwards and the lungs and heart upwards, The stomach was pushed far over to the left side. The substance of the liver was filled with numerous hard spherical nodules of a dirty yellow color, some of them flattened, and some concave on their external surface, varying in size from one eighth to three inches in diameter and occupying nearly the entire parenchyma of the organ. It was closely adherent to the diaphragm, connected by fibrous bands to the stomach, spleen, and transverse colon. On removing the liver, the stomach was found diseased, a cancerous mass having formed internally near the pyloric orifice it extended also to a number of the adjacent lymphatic glands. The other abdominal viscera were normal.

On opening the thorax a small encysted tumor was found adherent to the diaphragm and pericardium. The other organs were perfectly healthy. At no time since admission was there the slightest reason to suppose that the stomach was the seat of so formidable a disease.

665244.5 665244.6

Nos 540, 541, 542, 543, & 544.

665244.7 665444 623181

7988 to 7992

General tubercular deposits. Tubercular caries of the vertebræ especially the cervical, with fatal cerebral complications.

Presented by Actg. Asst. Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

No. 540. A portion of the base of the cranium with cervical vertebræ attached. Anteriorly the carious bodies of the vertebræ have been denuded by a burrowing abscess which communicates by two passages through the anterior occipito-atloid space with the base of the brain. Posteriorly the spinal cord can be seen in situ; the dura-mater spinalis surrounded esternally by a cheesy mass which is most abundent in the region of the atlas and axis. The basilar process of the occipital bone, the declivity of the sphenoid, and the sella turcica, are covered with a mass of tubercular matter, which is situated chiefly beneath the softened and altered duramater.

No 541. The bony bridges and spinous processes of the second third, and fourth cervical vertebræ with soft tubercular deposits between the external periosteum and the bone especially on the right side, and newly formed bone on the left.

No 542. The lower part of the sternum with cartilages and parts of the ribs attached. On the right side at the attachments of the cartilages of the 5th & 6th ribs to the sternum ~~of the fifth and sixth ribs~~ is a softened tubercular mass, which involves the substance of the sternum on the right side and the sternal extremities of the cartilages, as is indicated by a whale bone passed through. This was the tumor described by the attending surgeon as pulsating; it is however quite independent of any arterial branch. A whale bone has been passed into the internal mammary artery to show its relations. On the left side at the junction of the ~~fourth~~ 3rd rib with its cartilage, is a similar tubercular mass. The extremity of the rib carious and detached from its cartilage; in the neighborhood of this mass, connected with the fascia, are several tubercular deposits about the size of peas.

No 543. Bladder with prostate and vesiculae attached: both prostate and vesiculae filled with tubercular deposits and considerably enlarged. The central portion of the mass had softened into a tubercular abscess which discharged into the prostatic portion of the urethra a probe has been introduced into the orifice of the abscess.

No 544. Heart, on the anterior surface of the right ventricle of which, is an opaque thickened patch of inregular form, about two lines in thickness and about an inch in diameter.

History by Act. Asst. Surg. S. D. Twining U.S.A.

George W. Vinegar. Recruit 16th U.S.I.S., was admitted to Louverture General Hospital April 6th 1865 from Camp Casey where he had been sick for some time. He suffered from pain in limbs, hips and back, of a rheumatic character; there was tenderness over the cervical vertebrae, and acute pain on moving the head; he had a tumor between the fifth and sixth costal cartilages, which appeared to pulsate. On the region of this tumor and extending to the præcordial region, there was more or less pain increased by pressure, and on taking a deep inspiration. Patient lay quietly on his back indisposed to move; pulse natural; tongue furred; breathing quiet appetite fair; slept poorly. Poultices applied to the neck gave relief. Dover's powders given at night.

April 7th. Sinapisms were applied to neck with considerable though not permanent relief.

April 10th. Patient had a slight chill, has been for two days feverish; pulse 90 and small. Gave five grains of quinia three times a day and beef tea diet.

April 17th. Pulse 100, small; appetite poor. slight cough mostly in the morning; complains of pain in the chest, and the physical signs of tubercular deposits were recognized. Gave Cod-liver-oil with whisky and cough syrup.

April 22nd. Condition improved. Gave Citrate of iron and quinia in three grain doses three times daily.

April 25th. Appetite improved; asks for stronger diet.
April 27th Pain in neck and back of head; tenderness on pressure along the whole length of the spine; head drawn forward and to the left side, the least motion causing pain. Mustard was applied over the spine with some relief. Dover's powders at night.
April 29th. Patient complains of sore throat, ordered a gargle of Tannin one scruple and water five ounces. and quarter grain of Sulphate of morphia at night. He seems to be failing in strength, emaciates, pulse weak, appetite very poor. Treatment continued with the addition of whisky punch.
May 4th. Pulse 110- strong. Patient shows signs of brain being affected,- breathing labored, inspiration slow and slightly sterterous, expiration explosive, tongue more thickly coated, speaks with difficulty and in a whisper complains of pain in the chest, back, neck, and back part of head; acute pain on percussion over chest and on pressure over the tumor. Sinapisms applied to the spine and changed from time to time to thighs and ankles. Stimulants discontinued.
May 5th Improved a little, speaks with more ease, pulse 80 full, not strong.
May 6th. Improves, appetite fair.
May 8th. Patient lies quiet, breathes quietly, eyes wide open, does not complain at all, takes food when given slowly. has to be aroused to answer questions. shows his tongue readily. (has been in this listless condition more or less from the first.) pulse 100 and strong.
P.M. pulse 120 hard and resisting.
May 9th. Condition the same, pulse 120 softer, speaks with difficulty and in a whisper, is in a half comatose state at night.
May 10th. Pulse 80, small, swallows with difficulty and will not show his tongue. P.M. pulse 100 and small, cannot be aroused. Died at 8½ o'clock.
Autopsy by Dr. Miner. 38 hours after death
A small man quite emaciated. No rigor. A small tumor between the fifth and sixth costal cartilages of the right side extending laterally from near

the median line some two and a half inches, and more on the sixth cartilage than on the fifth. Some effusion about the base of the brain with thickening of the interpeduncular cellular tissue also extending downwards over pons varolii. Tubercular deposit extending over internal surface of basilar process of occipital bone and the declivity of the sphenoid. Dura mater quite easily freed from skull, arachnoid injected minutely. Ventricles distended with rather dark serum in which floated some flakes of yellow lymph. Superior and external surfaces of lateral ventricles including descending cornu lined irregularly with yellow lymph. Connecting band between fornix and corpus callosum wholly softened and broken down. (The day of his death the weather was quite warm) Fornix almost wholly softened, as were both ~~descending~~ anterior and posterior pillars, but the anterior part of septum lucidum was perfect and nearly as hard as usual. Choroid plexus dull pale red and venae magnae galeni distended with blood. Substance of brain above corpus callosum quite firm, frontal lobes however especially on right side softened. Corpora striata rather pale as were also optic thalami. Pineal gland without sand and small. Corpora quadrigemina softened. Nothing abnormal observed in cerebellum.

Near the central tendon of the omohyoid was a large tubercular lymphatic gland of the size of a flattened lemon, mostly below and behind the tendon, though also protruding through the fascia below it and very slightly around and above it so as to include it. The substance of the gland resembled softened cheese and was somewhat curdy. The anterior surface of the third fourth and fifth cervical vertebrae were carious and involved in a large tubercular abscess under the longus colli. Posteriorly a mass of softened tubercle, lay on the right arches of the second and third cervical vertebrae the bones were carious

on both sides. Another mass of softened tubercle included the odontoid process with the bodies of the first and second cervical vertebrae, and reaching upwards joined the deposit on the basilar process of the occipital bone. A puruloid deposit of softened tubercle of the size of a walnut, lay at the junction of the fourth left rib with its sternal cartilage and reached down through the intercostal space to the rib below. The upper and internal portion of this, was softened and the fourth rib was separated from its cartilage. A somewhat similar mass lay on the right side also extending through to the pleural surface. This lay about half an inch from the median line, between the fifth and sixth right costal cartilages, filling the entire intercostal space and reaching outward two and a half inches. (This was the tumor that had appeared to pulsate).

The right lung had old adhesions around its base and for an inch or two above. The middle lobe was irregularly thickened with tubercular deposits of a dirty yellow color. The upper and lower lobes were crepitant, rather dark in color especially the lower, their bronchi of a dark purple and filled with thick mucus. The left pleural cavity contained some dark serum. The left lung was externally quite white, internally crepitant; the bronchi especially of the lower lobe very dark in color and filled with mucus. A few small tracts of inflammation in the lower lobe. A line of softened tuberculous deposits, extended along the right side of the vertebrae in the thorax; they were behind and within the ganglia of the sympathetic nerve, and had in some places so affected the bone as to have loosened the ribs. Similar deposits but less in the left side. The pericardium contained some clear serum. On the anterior face of the right ventricle was a square patch of white deposit. Heart contracted and small. Blood black and fluid. Liver soft of a dirty yellowish brown with a few hard white deposits. Kidneys pale. Left one with a white cheesy deposit size of a chestnut. Spleen softened,

of a peculiar yellow or amber color, on section a few spots of yellow deposit. Lumbar vertebrae not effected by tuberde. In median line of sacrum a soft tubercular abscess. Glands of mesentary small and of normal consistence. Ileum and colon normal. Extensive tubercular deposit in prostate and vesiculae seminales

No 545 Aneurism of the abdominal aorta.

b2526H

7993 Presented by Surgeon P. A. Jewett U.S.V.
Knight General Hospital
New Haven. Conn.

A false aneurism of the abdominal aorta caused by rupture of the arterial coats anteriorly between the superior and inferior mesenteric arteries. A thick sheath of connective tissue formed; lined by irregular fibrinous coagula. Death took place by the rupture of the aneurismal sac into the cavity of the abdomen.

History by Acty Asst. Surg. D. L. Daggett U.S.A.

Private George Blake, Co "K" 7th Conn Vols. aged 29 years was received into Knight Hospital June 29th 1863 from Hilton Head S.C. He was feeble, sleepless, with loss of appetite; a pulsating tumor was observed just above and to the left of the umbilicus, which appeared to be about three inches in diameter and in which with the stethoscope the peculiar aneurismal bruit could be heard. He stated that he first noticed this swelling after extra efforts made in lifting heavy boxes near Hilton Head some months previous. There was not much pain. A nourishing diet with tonics was directed, and the condition of the patient remained comparatively unchanged for some

Dec. 21-09 Nurse Helen Hanscom Lane

time; death took place very suddenly Aug 7th 1863
by internal hemorrhage from the rupture of the sac.

May 4-65

Nos. 546&547. Aneurism of aorta. Enlarged solitary follicles of colon.

6202 61 6403 to 2

7994 to 7995

Presented by Asst. Surgeon W. F. Norris U. S. A.
Douglas General Hospital
Washington D. C.

the Pectoral columns
bone pus 27 post 12th
Louis.

No 546. A heart with an aneurism of the aorta just above the semilunar valves, which has burst through the walls of the artery and worked its way between the middle and outer coats posteriorly to a point just above the left auricle, being prevented from communicating with the inside of the pericardium by adhesions of the latter membrane to the heart, and by large deposits of effused lymph. The lymph being soft in texture, was torn when the pericardium was stripped off, thus making a communication between the sac of the aneurism and the outside of the heart. This sac would have contained about two ounces of fluid. The pericardium was firmly attached to nearly the whole surface of the heart and had to be torn off. Mitral valves somewhat thickened and rough. Aortic valves large but healthy. Aorta slightly atheromatous. Pulmonary and tricuspid valves healthy.

No 547. A portion of descending colon showing solitary follicles very abundant and somewhat enlarged, there was an areola and a centre spot of black pigment at the seat of each when the specimen was fresh. (See microscopical specimens and drawing)

Nos. 642 to 650.

History. by Acty. Asst. Surg. D. L. Haight U. S. A.

Private Julius Zinke. Co "F" 98th Pa Vet. Vols. aged 54 years, was admitted December 16th 1864. suffering from chronic diarrhoea of one months standing, and some cough. His diarrhoea

yielded to treatment and he was furloughed, returning about April 1st 1865. At that time he stated that his diarrhoea was quite well, but that he suffered much pain in the region of his heart running back to the angle of the scapula. He was somewhat short of breath and anaemic, the action of the heart very strong and rapid, and a dry hacking cough. He was examined and a murmur was distinctly heard with the first sound of the heart, so loud that it could be heard all over the organ, which was evidently much enlarged. He was reccommended for discharge.

He stated that he had felt this pain and annoyance for two years, during which time he had been able to do, and has done duty in the field, carrying his knapsack. He reinlisted as a veteran but a short time ago.

During the three weeks preceding his death he did not seem to suffer much, although he had continual pain in the region of the heart, a short dry cough, and some dyspnoea. He was up and about the ward every day and able to go up and down stairs, and did not sleep with his head very much elevated. On the morning of May 9th he was suddenly taken with a sort of spasm his breathing became very laboured and spasmodic and the action of the heart intermittent; this lasted for about half an hour when he quietly expired.

At the autopsy the conditions of the heart and colon above described were observed. The apices of both lungs contained calcarious deposits and other indications of absolute tubercle.

May 10-65

No 548. Diverticulum of the small intestine.

b4 83 A5

7996

Presented by Asst Surgeon B. E. Fryer U.S.A.
Brown General Hospital
Louisville Ky.

A portion of ileum presenting a large obtusely formed diverticulum. (Diverticulum verum of Meckel). A process of mesentary extended from the normal mesenteric attachment to the apex of the diverticulum. From a patient who died of chronic dysentery.

May 8-65

No. 549. Diverticulum of the small intestine.

6453 A.M.

7997

Presented by Asst Surgeon B. E. Fryer U.S.A.
Brown General Hospital
Louisville Ky.

A portion of ileum presenting a diverticulum - (Diverticulum verum of Meckel) about three inches long and about one inch in diameter. Near the extremity is a constriction beyond which the diverticulum terminates in a small globular dilatation. A process of mesentary extended from the normal mesenteric attachment to the apex of the diverticulum. From a patient who died of chronic dysentery.

Recd. A.M.M.M. May

May 8-65

No. 550. Supernumerary thumb finger.

68 Mus.

7998

Presented by Surgeon F. G. Snelling U.S.V.
Medical Director 18th Army Corps
New Berne N. C.

A hand in which the metacarpal bone of the thumb expanded much laterally, presents two articular facets at its phalangeal extremity, on the outer one of which

two thumb phalanges are situated, on the inner three finger phalanges. Both finger and thumb phalanges of diminutive size.

Recd. at A.M.M. 1863.

Nos 551&552. Tubercular ulceration of the intestine, enlargement of the mesenteric glands.

6483 M4 6253B3
7999 to 8000

Presented by Actg. Asst. Surgeon D. L. Daggett U.S.A.
Knight General Hospital
New Haven Conn.

No 551. A piece of ileum taken from just above the ileo-coecal valve which, displays a number of ulcerations similar to those of typhoid fever. On the peritoneal surface opposite to the principal ulcer, can be seen several minute tubercles.

No 552. Several feet of the ileum with mesentery attached showing enlarged mesenteric glands.

History.

Sergt. Geo. H. Brown Co "B" 31st U.S.C.T. aged 22. years, was admitted Jan 2nd 1865 by transfer from some other hospital unaccompanied by any medical descriptive list. He presented all the signs of tubercular phthisis and laboured also under severe diarrhoea. Shortly after entering the hospital his stomach became irritable and rejected all food: he became emaciated and died April 11th 1865.

Tonics, with Opii, Ipecac, & strychnia given.

Autopsy 24 hours after death.

Great emaciation. The upper lobes of both lungs filled with tubercle. The right lung had three cavities large enough to contain three or four drachms of fluid, old adhesions in right pleura. Left pleural cavity filled with very slightly adherent serum. Ileum presented numerous ulcers similar to to the specimen. Colon ulcerated. Mesenteric glands enlarged. Other organs healthy. Brain not examined.

Recd A.M.M. April 1865

No 553. Chronic peritonitis

041468

8001

Presented by Actg Asst Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

Perpendicular section through liver, transverse colon and small intestine on the right side, the several viscera and the omentum held firmly together by old adhesions

History by Actg Asst Surgeon Lewis Heard U.S.A.

Private James Neal, Co. "B" 23rd U.S.C.T., aged 20 years, a native of Charles County, Md., was admitted to Louverture Hospl. Aug. 9th 1864. from City Point Va with amputation of left arm in middle third necessitated by a gunshot fracture, received in a charge before Petersburg Va. July 30th 1864.

On taking charge of the ward of which he was an inmate Dec 22nd 1864 I found the stump healed and the patient requiring no attention.

Feb. 20th 1865. He was taken with symptoms of intermittent fever, for which a cathartic was given, followed by quinia and mild alteratives, with a nutritious diet.

March 1st. Chills and fever had disappeared, appetite improved, tongue remains slightly furred, bowels regular pulse 80 and of fair strength, but the abdomen is slightly swollen, tense and tender on pressure. Continued quinia and then citrate of iron and quinia, together with stimulants in moderate quantities and sinapisms to the abdomen. Good diet as can be had.

March 10th. Patient continues about the same; sometimes however apparently better, gets up and walks about. Has no cough, and no physical signs of pulmonary disease; condition of abdomen the same; bowels regular, Continued treatment with the addition of cod-liver oil and whiskey equal parts in fluid ounce doses three times a day.

Miarch 25th. There has been a gradual loss of muscular strength and progressive emaciation, otherwise the same. The same tonic and supporting measures have been continued with slight modifications, egg-nogg, porter, &c freely given. In despite of the employment of the above

means, with sinapisms to the abdomen and an occasional opiate to procure rest, he continued to loose ground gradually, appetite failed, the pulse grew smaller, weaker, and more frequent, showing a decided reduction of the vital forces, and without any more strongly marked symptoms than those already mentioned, there was a comparatively slow but sure progress to a fatal termination. He died May 3rd 1865.

Autopsy:

A small thin man very much emaciated. Left arm amputated two or three inches from shoulder joint, and wholly healed up; Abdomen distended.

Brain quite white and anaemic, membranes also anaemic. Some effusion about base of brain. Spinal cord hard and white. Soft yellow layer of lymph between the lower lobe of the right lung and the parieties of the chest. but little fluid effused. Near the surface of the anterior edge of the lower lobe, a cheesy deposit about the size of a large walnut. At the apex of the right lung some few tubercular deposits the size of beans, all hard however. Lung tissue crepitant, of a pink gray color mottled with black. Left lung with semidiaphorous tubercular deposits near the surface. Tissue pink-gray mottled with black, crepitant. Pericardium with clear serum, and serous surface of heart opaque. Heart quite small and contracted. Omentum found firmly adherent to anterior parietal peritoneum; All the abdominal viscera similarly adherent. Nutmeg liver. Spleen dark and hard. Kidneys fatty and pale.

Recd. at A.M.M. May 1865.

No 554. Fusion of the kidneys on the right side.

15 S1 Aq

8002

Presented by Actg. Asst Surgeon G.K. Smith U.S.A.
Seamony Square General Hospital
Washington D.C.

On this case the left kidney is transferred to the right side, just below the position of the right kidney, with which it is intimatly fused. The left supra-renal capsule however preserves its normal position. The conformation of the pelvis of the right kidney approaches closely to the normal. The pelvis of the left kidney divides into branches corresponding to the several calyces. The right ureter is normal in position and relations. The left ureter crosses in front of the great vessels and behind the sigmoid flexure to the left side of the rectum, thence descending to its natural point of entrance into the bladder. The right renal artery crosses to the kidney behind the vena cava The left renal artery abut three and a half inches lower down, crosses to the kidney in front of the vena cava besides this a second renal artery is given off from the bifurcation of the aorta, and crosses in front of the right common iliac to the lower portion of the left kidney. The two renal veins run parallel to each other, both opening into the right side of the vena cava, the left two and a half inches further down than the right. Besides the principal renal vein of the left kidney, is a branch rather larger than a quill, which empties into the left common iliac vein, and which proceeds from that part of the left kidney, which is supplied by the arterial branch above mentioned, as given off from the bifurcation of the aorta. The left spermatic vein empties into the left supra-renal vein, which passes from the capsule behind the aorta into the cava. In addition to the above anomalies there is but one vesicula seminalis, namely on the left side.

History.

Lieut A.M. Brooks, Co "A" 26th Va (Confederate) was wounded by a pistol ball near Burks Station Va April 6th 1865. The ball produced a fracture of the lower third of the thigh, which was followed by secondary hemorrhage April 17th for which the femoral was ligated; mortification of the tissues ensued and death on the 20th. The specimens from the wound, are in the surgical series of the museum.

On the post mortem examination besides the traumatic lesions, the above described malformations were observed

The liver spleen and other organs, were normal in their positions. With regards to the absence of the right vesicula seminalis, it may be observed that the relations of all other genital organs on the right side were normal.

Read at A.M.M. April 21, 1865.

Surg. Dep-
40 84 XIII A B 43 44085 XVIII II A B 36

Nos 555, 556. 8557. General tuberculosis with tubercular deposits in the cerebellum and certain muscular fascia.

66 S1 No. 3.
66 S1 No. 1.
61 S1 85.
8003. to 8005

glioma.

Presented by Acting Asst Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

No 555. The sternum and costal cartilages; cheesy tubercular deposits on the left side seated in the fascia in the neighborhood of the internal mammary artery.

No 556. A portion of the diaphragm with cheesy tubercular deposits on the pleural surface.

No 557. A section of cerebellum showing a spherical tubercle half an inch in diameter seated in the upper surface near the superior vermiform process. (Glioma?)

The patient had also tubercles and vomicae in the upper lobe of the right lung, and with tubercular ulceration of the intestine.

The patient James Field (Colored) citizen died May 27th 1865. of phthisis pulmonalis. The body was thin and emaciated, and besides the lesions above described, there were pleuritic adhesions of the right side - Fatty kidney. The liver small and pale.

autopsy 24 hours post

Read. A.M.M. May 30th 1865

No 558. Aneurism of the ascending aorta.
62126.

8006 Presented by Asst Surgeon Aaron Ansell. 1st Md Vt Vols.
Arlington Heights Va.

Small aneurism of the aorta just above the semi-lunar valves; the sac has ulcerated through into the pulmonary artery and pericardium; death by hemorrhage into the pericardium; probes are passed through the orifices.

History.

Private Wm Cunningham. Co "A" 1st Md Vet Vols aged 22, occupation prior to enlistment a seaman, was in perfectly good health and doing guard duty when he suddenly fell insensible and expired in a few minutes. The autopsy showed great venous congestion in both brain and lungs, with distention of the large venous trunks of the neck. Pericardium distended with blood and the condition of the aorta above described.

The patient had for some time previous to the attack suffered much from mental depression.

Nos 559, 560, & 561. Sloughing ulcers of Peyer's patches.
64837 14 to 16

Smithsonian Institution

8007 to 8009

A series of pieces of ileum showing thickened Peyer's patches, which are the seat of sloughing ulcers, the sloughs attached in several of the ulcers. The ulcer just above the ileo-coecal valve has perforated. On the peritoneal surface of all the pieces is coated with pasty lymph. No history accompanies this specimen, which was left by a physician employed under contract in one of the hospitals in the care of Dr Piper a homœopathic practioner of Washington D.C who turned them over to the museum.

Recd. June 1865.

No 562. 8563

14466+7

8010 to 8011

4 specimens

General peritonitis.

Presented by Actg. Asst. Surgeon Wm. B. Casey U. S. A.
Knight General Hospital
New Haven Conn.

No 562. A perpendicular section through the abdominal viscera about three inches to the right of the median line, showing the several viscera closely adherent to each other, to the liver and to the greater omentum.

No 563. A section through the abdominal viscera about three inches to the left of the median line of the same patient; at the upper part of the specimen on the one side is seen the spleen, which contains a number of tubercles; on the other side a portion of the greater curvature of the stomach. The greater omentum is much thickened and between its posterior surface and the small intestine, a cavity exists which was found filled with pus. With the exception of this cavity all the abdominal viscera were adherent to each other.

History.

Private John Reed. Co. "A" 31st U.S.C.T., was admitted April 5th 1865 by transfer from David's Island Hospital New York Harbor.* He was very weak, was suffering from pain in the abdomen, cough, loss of appetite and some fever. His mind was clear, abdomen swollen, at its upper part it appeared quite hard; at its lower part fluctuation due to liquid effusion, was detected. The fever increased in the course of three or four days, the patient became delirious, he moaned and screamed continually, refused food and medicine, had involuntary evacuations of urine and foeces, and died April 10th 1865.

The autopsy revealed the condition of the abdominal viscera ~~in the condition~~ above described. No report of the examination of any of the other organs.

* Oct. 21-64. No case from David's Island. Lamb.

Recd. A.M.M. April 16, 1865

No 564. Tubercles of the spleen.

645763

8012

[redacted]

Presented by Actg. Asst. Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

Spleen laid open by a longitudinal incision showing in the interior and on the external surface numerous tubercles.
The specimen was taken from the body of a negro who died in Louverture General Hospital June 11th 1865 of phthisis pulmonalis accompanied by diarrhoea. He had tubercles and cavities in the lungs; tubercles in the spleen; minute miliary tubercles in the liver and tubercular ulcers of small intestine.

No. 565. Thickening of Peyer's patches; great enlargement of the solitary follicles. (Fever)

64 3 341

8013

Presented by Actg. Asst. Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

See Duplicate 40.

A portion of the ileum taken just above the ileo-coecal valve showing a much thickened Peyer's patch and greatly enlarged solitary follicles
Taken from the body of a ~~negro~~ colored [illegible] named H. Rupel who died June 24th 1865 of fever. Besides the alterations in the ileum, the mesenteric glands were much enlarged, and the spleen large and hard.

See Microscopic Section, Nos. 7493 to 7498.

No 566. Echinococcus cysts in the brain.

61 81 F1.

8014

Presented by Actg. Asst. Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

Four morsels of brain, the two lower of which exhibit echinococcus cysts the size of a pea; the two upper exhibit cavities from which the cysts have escaped.
Corpl. Dudley Mickle Co "G" 135th U.S.C.T. died May 18th 1865 of chronic diarrhoea. Both lungs were congested, the right adherent. Liver cirrhosed. Mesenteric glands large. Peyers patches thickened. Colon congested; with patches of pseudo-membrane. Echinococcus cysts in all parts of the brain in considerable number, generally of the size shown in the specimen.

autopsy fuller in original

Recd. A.M.M. May 1865.

No 567, 568 & 569. Tubercles in the anterior mediastinum and diaphragm. (General tuberculosis)

6352 ¾4 6651 ½02 6457 54.

8015 to 8017

47

to replace

Presented by Acto. Asst Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

No 567. Sternum with costal cartilages attached; posteriorly a part of the left lung and the heart. On the left side the lung is adherent to the anterior walls of the chest by a mass of cheesy tubercle, which fills the anterior mediastinum and coats the front of the left lung. The part of the lower lobe of the left lung, through which the section is made, is converted into an irregular tubercular mass.

No 568. A section from the lower lobe of the same lung taken further from the median line. Lung tissue comparatively healthy (contains a few minute tubercles) and adherent to the diaphragm which is infiltrated with a mass of cartilage like cheesy tubercle of proliferating connective tissue in the midst of which with the microscope, atrophying

muscular fibres were readily recognised.

No 569. A section of the small spleen of the same patient showing several tubercles about the size of peas.

The above specimens were taken from the body of Richard Eckley a contraband who died at Louverture Hospital July 7th 1865 of general tuberculosis.

Autopsy six hours after death.

Body quite warm and soft. No rigor mortis. Anterior mediastinum filled with a yellowish white cheesy deposit of tubercle. A similar layer coated the anterior and outer surface of the left lung. The cheesy mass invaded the anterior inferior angle of the left lung and the diaphragm; the diaphragm was separated from the lung through a part of its extent by a diaphanous layer of cartilaginous toughness composed of transforming muscular tissue, in which however muscular fibres could still be recognised. The tubercular mass had pushed the heart to the right side, so that the apex was at the left edge of the sternum between the fifth and sixth costal cartilages. Pleural cavity contained no fluid, being almost everywhere adherent. The right lung normal without adhesions. Pericardium contained a little fluid, with some adhesions to the heart. Liver normal. Spleen rather small, with tubercles about the size of peas. Ileum and colon pale, but normal.

Rec'd at A.M.M. July 12th 1865.

No 570. Oedema of the glottis

6351&H

8018

Presented by Surgeon John Neil U.S.V.
Post Hospital Broad and Cherry Streets
Philadelphia Pa.

Larynx with epiglottis and mucous membrane around the orifice of the glottis thickened from inflammatory oedem. No diphtheritic formation.

Henry H. White a recruit, died with acute laryngitis Feb 13th 1864 at Hospital Broad & Cherry Streets. No history.

Recd at A.M.M. June 13, 1865.

No 571. Melanosis of the liver.

64857 10

8019

Presented by Dr J. B. S. Jackson on behalf of the
Museum of the Medical Society of
Boston Mass.

Original MS. not found

A slice of liver with several melanotic masses the largest the size of a walnut, from the same patient as No 396 in the Boston Medical Societys Museum. For a history of the case see American Journal of Medical Science for 1848.

Recd. at A.M.M. July 1st 1865.

No 572. Diphtheria.

63515 21

80.20

Presented by Dr Samel. G. Smoot.
Washington D. C.

Larynx and part of trachea with pseudo-membrane from a child who died of diphtheria several years prior to the rebellion of 1861.

Recd. at A.M.M. May 27, 1865

No 573. Tubercular curvature of the Spine anteo-posteriorly

16529

8021

Presented by Dr N. S. Lincoln
Teamsters Hospital
Washington D. C.

Ninth, tenth, eleventh, and twelfth dorsal, and first, second, and third lumbar vertebrae. The body of the last dorsal is almost entirely destroyed by caries, the bodies of the eleventh dorsal and first lumbar nearly so. It is this partial destruction which has

conditioned the curvature which exists at an angle of about one hundred degrees. A large tubercular cavity exists in the body of the second lumbar; the bodies of the remaining vertebrae of the piece, appear more or less worm eaten on the surface. The articular processes of the last dorsal and the first lumbar, are firmly united by bony anchylosis; similar anchylosis exists between the ninth and tenth and tenth and eleventh dorsals; the articulation between the eleventh and twelfth still exists as such, though numerous processes and outgrowths from the neighborhood of the articular surfaces of both bones, exist. The existance of a large oval articular surface between the spinous processes of the second and third lumbar vertebrae, is also worthy of note.
The patient was a rebel deserter employed as a teamster by the quartermaster's department, ~~who~~ died in the Teamster's Hospital of phthisis pulmonalis. He was in the recumbent position when received at the hospital and no attention was attracted during life to any other lesion but that of the lungs.
At the autopsy, beside the lung lesions however, the abdominal cavity was found filled with pus; there were two psoas abscesses; that on the right side having discharged into the abdominal cavity; that on the left side was filled, that on the right partly so, with cheesy pus communicating with the diseased vertebrae. The anterior vertebral ligament and the periosteum of the bodies of several vertebrae above and below the curvature, were separated from the bodies of the vertebrae by burrowing pus. The abscesses had already made their appearance in the groin.
Note. In presenting this specimen Dr Lincoln reserves the right of using it when needed in his lectures.

No 574.
63 4th

4022

Syphilitic caries of the sacrum.

Presented by Surgeon E. Griswold U.S.
Judiciary Square General Hospital
Washington D. C.

Wm. Manning Board
Pvt. Co. 2nd. Bat. U.R.Cs.
Admitted Oct. 14-1864.
Died Dec. 10-64.

A portion of sacrum showing caries in the lower anterior portion, in connection with which a pelvic abscess had existed. The specimen was taken from a case of constitutional syphilis. No history.

Recd. at A.M.M. July 14, 1865.

No 575
6642 Roll
4023

Caries of the sacrum associated with new formation of bone on the anterior surface of the sacrum and on both surfaces of the left ilium.

Presented by Actg Asst. Surgeon W. C. Miner U.S.A.
Louverture General Hospital
Alexandria Va.

On this pelvis the sacrum is light and spongy especially on the left side, with irregular new formations of bone on its anterior surface. Thin layers of new formed bone, coat the inner and outer surfaces of a large part of the left ilium. On the inner surface of the left ilium posteriorly the new formed bone rises into an irregular exostosis of moderate size. On the specimen as received at the museum, a large abscess existed, filled with cheesy pus, which anteriorly formed in front of the sacrum and in the hollow of the left ilium a tumor of considerable size; the pus lay externally to the periosteum of the ilium. Posteriorly was an irregular abscess cavity involving the left half of the sacrum, and the posterior half of the outer surface of the ilium. The abscess cavity was filled with cheesy pus, communicated with the abscess within the pelvis, and opened by several fistulous orifices through the skin on the upper part of the left buttock.
The patient was a contraband affected with scrofula, who had had abscesses in various parts of the body, and at the time of his death was affected also with phthisis pulmonalis.

Recd at A.M.M. May 1865

Nos 576, 577 & 578. Dilatation of the bladder, the ureters, the pelves and calyces of the kidneys in consequence of stricture of the urethra.

15 D 3 a 2 & 4

8024 to 8026

Presented by Acting Asst. Surgeon A. S. Gibbs U. S. A.
Mower General Hospital
Chestnut Hill Philadelphia Pa.

No 576. Left kidney with the pelvis and ureter enormously dilated. The kidney contains numerous cysts, The ureter is adherent to the lowest point of the kidney.

No 577. Is a section of the right kidney of the same patient in which it appears that the larger cysts are dilatations of the calyces, the smaller probably of the tubuli uriniferi.

No 578. A portion of the bladder with some inches of the right ureter attached; the ureter is irregularly dilated, in many places to the thickness of the thumb. The bladder greatly thickened presents near the point of insertion of the ureter, a cyst-like hernia of the mucous membrane, which has attained the size of a walnut.

Private J. W. Sekell, Co "A" 5th Mass Cav., was admitted from Baltimore Sept 12, 1864. He suffered from difficulty of micturition with a dribbling incontinence of urine, which kept his clothes constantly wet. The urine was turbid and ammoniacal. Examined with a bougie and found a stricture near the neck of the bladder. The patient attributed the affection to an injury received by falling astride the gunwale of a boat. The patient did not improve under treatment and was about to be discharged the service for disability, when Jan 2, 1865, he was seized with a severe chill followed by fever, with intense pain in the epigastrium, nausea, vomiting and partial suppression of urine. He died Jan. 12, 1865.

(Dec. 23-64)
See Pa. case book
312 page 31.

Recd. at A. M. M. July 21, 1865.

No 579. Thickening and calcarious transformation of the mitral valves.

622154

8029

Presented by Actg. Asst. Surgeon Edward R. Fell U. S. A.
Mower General Hospital
Chestnut Hill Philadelphia Pa.

A portion of heart showing thickened and calcarious transformation of the mitral valves. The other valves were healthy. In the specimen as received at the museum, the right ventricle was considerably dilated.

History.

Private Henry Lichman, Co F 52 N. Y. Vols. aged 22 years. Born in Germany. Admitted Feb 10th 1865. General appearance good, but complains of being unable to lie down from feeling of suffocation. The area of dullness over the heart, was increased in size. The urine was albuminous, scanty and loaded with urates; and there was slight anasarca of the lower extremities. The anasarca gradually increased and in March became general. On the 30th of March a tendency to sloughing, made its appearance on the dorsum of the foot, and subsequently involved other portions of the lower extremities. The patient now became delirious, jaundice set in and he died on the 3rd of April 1865 at 12 o'clock.

Autopsy showed the condition of the heart above described. Spleen hard and eighteen ounces in weight. The kidneys atrophied (?). There was general anasarca with ascites but no dropsy of the pericardium.

Ex Pa. Base Book 340 page 234 86.

Read. at A. M. M. July 21, 1865

Nos. 580, 581 & 582 Scrofulous synovitis of the right knee. (General Scrofula)

625361

645487

8028 to 8030

Presented by Actg. Asst. Surgeon W. C. Miner U. S. A.
L'Overture General Hospital
Alexandria Va.

No580. Right knee joint in which the articular surfaces of the femur, tibia and patella, have been removed by ulceration. The bones for some distance beyond the articular surface, are coated by flat irregular plates of newly formed bone.

No581. A section through the diaphragm, liver and stomach, which are mutually adherent to ~~each other~~; on the diaphragm and on the surface of the liver and stomach, are numerous oval flattened masses of cheesy tubercular matter about the size of almonds.

No582. A portion of the femoral artery and vein of the left side taken just below Poupart's ligament showing the adjacent lymphatic glands greatly enlarged.

These specimens were from the body of Private John Russell Co. "E" 23rd Regt U.S. Colored Troops who died July 2nd 1865 of general scrofula. No history furnished

Autopsy by Dr. Miner. 17 hrs. after death

Body emaciated. Right knee swollen, with fluctuation above and below the knee joint, and crepitation on motion of the patella; the joint was filled with flaky pus and communicated with a large abscess above the knee beneath the vasti muscles. The bone was covered with a soft albumen-like curd similar in substance to the flakes in the pus. Parts of the femur and the head of the tibia, were however denuded. Both lungs were adherent and filled with milliary tubercles; the lower lobe of the right lung was hepatized, the remaining parts of the lungs crepitant. The spleen contained a few scattered tubercles. The mesenteric glands enormously enlarged. The liver was adherent to the diaphragm, stomach and colon. Cheesy deposits of the size of almonds, were found on the surfaces of these organs, especially at the points of adhesion. Scattered bands of adhesion connected the knuckles of the small intestine. Peritoneum contained much black pigment and here and there scattered tubercles. There was great enlargement of the lymphatic glands in the neighborhood of the saphenous opening of the left side. No intestinal ulceration.

Read at A. M. M. July 12, 1865

Nos 583. & 584. Small ~~sarcomatous~~ Tubercular tumor (Glioma?) of the cerebrum.
61161-64824 Calcareous plate on surface of spleen.
8031 to 8032

Presented by Brevet Major Geo. M. McGill. Asst Surg. U.S.A.
National General Hospital
Baltimore Md.

No 583. A round ~~tumor~~ tubercular mass somewhat more than half an inch in diameter, situated near the median line in the right anterior lobe of the cerebrum. When received at the museum it was so transformed by the action of alcohol, that a satisfactory microscopical examination could not be made.

No 584. Small portion of spleen presenting on the surface a calcareous plate of irregular oval shape and about half an inch in transverse diameter.
Private John W. Tucker Co "A" 4th U.S.S.S. was admitted for burial Feb 15th 1865.
~~Patient~~ Deceased was emaciated, extremities and face oedematous, with an abscess of the left side of the neck. Adhesions of the pleura, tubercles of the lungs of which the right weighed 19 ounces the left 18 ounces; 28 ounces of serum in the pericardium; no clots in heart. Miliary tubercles in Spleen and liver; spleen weighed 13½ ounces, liver 75 ounces. Right kidney 6¾ ounces, left 7 ounces. Tubercles on peritoneum. The tumor above described was in the white substance of the anterior lobe of the right cerebrum. of hemisphere.

See Observation Book of the hospital page 33.

Nos 585 & 586. Diphtheria
6381072 073
8033 to 8034
For a complete history, see case 31. page 32 "Observation Book" National General Hospital Baltimore Md

Presented by Brevet Major Geo. M. McGill. Asst Surgeon U.S.A.
National General Hospital
Baltimore Md.

No 585. Larynx and trachea with soft palate and part of the tongue attached, the whole coated with thick pseudomembrane.

No 586. A portion of the lung of the same patient showing the pseudo-membranous casts in the smaller bifurcations of the bronchi. Sct. Asst. Surg. J. St. Johns U.S.A. aged 25, admitted from City Point Va. March 3rd 1865. with pronounced diphtheria and partial paralysis of left arm. Died March 6th. Autopsy: Air passages as above described. White clot in left side of heart, mixed clot in right side. Pia mater congested other parts normal. Slight redness of Peyers patches, and Ecchymosis like spots in mucous membrane of stomach. The bladder contained some albuminous urine.

Nos. 587 & 588. Aneurism of the basilar artery. Osseous plate on pia mater.

4184 B1 4182 D3

8035 to 8036

Presented by Brevet Major Geo. M. McGill. Asst Surgeon U.S.A.
National General Hospital
Baltimore Md.

No 587. An aneurismal dilatation on the left side of the basilar artery about the size of a pea.

No 588. An irregular osseous plate three fourths of an inch in length imbedded in the pia mater.

See Observations book Hospital page 81.

Private Joseph Lynch Co. D. 99 N.Y.V. aged 44 admitted March 10th 1865 died March 8 1865 Case 28 Hospl No 305.

6595 6243

Nos 589 & 590. Ovarian tumors of both sides.
left right

8037 to 8038

Presented by Actg Asst Surgeon W. C. Miner U.S.A
L'Overture General Hospital
Alexandria Va.

The Both tumors ~~both~~ consisted of multilocular cysts with tough walls of connective tissue; there were no sarcomatous nor cancerous masses. The uterus has been split in two; half remaining with each tumor showing its anatomical connections. The tumors by their size having risen out of the pelvis, have produced by traction considerable elongation of the neck of the uterus with modification of the shape of the oss. uteri. The cavity of the uterus now measures 3½ inches.

The patient was a colored woman whose disease during life was supposed to be dropsy

Read. at A.M.M. June 1865

No591.
6351 D78
8039
See Dr. Miles book
Pl 5 119.

Diphtheria

Presented by Asst Surgeon De Witt C. Peters U.S.A.
Jarvis General Hospital
Baltimore Md.

Larynx with soft palate attached; tonsils greatly enlarged somewhat coated with pseudo-membrane; the larynx and trachea were lined with the same, which is not shown in the specimen, this being prepared with a view to the exhibition of the condition of the tonsils.

History.

Sergeant James W. Sutherland Co "D" 1st Maine Veterans age 24, admitted Oct 24th 1864 suffering from a gunshot wound of right thigh facturing femur just below trochanter major. The wound was received Oct 19th 1864 at Cedar Creek Va. The facture was an exceedingly obstinate one owing to the extensive injury caused by the ball.

He became greatly emaciated and broken down, but after several months the facture united by the use of the "Smith anterior splint" a large amount of Provisional callus being deposited. From this time he did well and improved rapidly under the use of tonics, stimulants and good diet, so that he was able to sit up in his ward. He became quite fat, but there were several sinuses which communicated externally and were still discharging a considerable amount of pus.

On the morning of May 24th 1865 he complained of some soreness of the throat, but there were no symptoms of diphtheria especially marked, there being no traces of membrane whatever. However the nurse was suddenly awakened about ten oclock of the same evening by his groans and efforts to breathe. When medical attendance (which was close at hand) reached him, he was breathing stertorously, his tonsils so much swollen as to nearly close the glottis, fauces, and posterior nares, which were covered with diphtheritic membrane. Measures were at once resorted to for his relief, which had no good effect, but on the contrary seemed to aggravate his sufferings.

About 12 oclock tracheotomy was performed by Act. Asst. Surg.

F. P. Foster U.S.A. and seemed to give considerable relief for a time, but he soon relapsed and grew gradually worse and died at 4 o'clock on the ~~evening~~ morning of the 25th. Autopsy 24 hours after death.
The tonsils were found greatly enlarged. Larynx and posterior nares covered with diphtheritic membrane which extended a considerable distance down the trachea.
An examination of the fractured thigh revealed a large amount of provisional callus deposited around the fragments of bone and small portions of leaden bullet sticking in its substance

Kee-Chug 4-65

No 592. 65 S1 71

Calculus from the pelvis of the left kidney.

B040

Presented by Surgeon Thos. ~~Keeson~~ Bache U.S.V.
West's Buildings General Hospital
Baltimore Md

See Original MS. for additional information copied from Meneby Returns of Maryland Cases for March 1864. Vol 14 page 1.

A small soft calculus chiefly composed of phosphates with urates, from left kidey.
The patient Private Shaw 10 Regt Alabama Vols (Confederate) died in Wests Buildings Hospital Baltimore Md. March 1864
See Surgical Section 2215, Vol. A.B. p. 24. Section of Kidneys.

No 593 65 A1 72

Calculi from the pelvis and calyces of the kidney.

8041

Presented by Surgeon John W. Foye U.S.V.
General Hospital No 19.
Nashville Tenn.

A number of calculi varying in size and shape, some of them mace shaped; the largest weighing 65 grains sawn open to show

the internal structure. Composition chiefly oxalate of lime mixed however with some phosphates.

The patient Private Levi Woodmansee Co "E" 8th Iowa Cav. entered Hospital No 19, Nashville Tenn. Feb 6th 1864 with chronic diarrhoea. Feb. 22nd Peritonitis set in and he died Feb 24th.

Post mortem examination showed pus in the abdominal cavity, the peritoneum coated with pseudo-membrane, the mucous membrane of the intestine similarly coated; the lower part of the colon ulcerated. The pelvis and calyces of left kidney contained the concretions; they were of various shapes and sizes, eighteen in number, the largest weighing sixty-five grains; the whole weight one hundred and twenty three grains.

Mch 1-64

No 594.

655173

8042

Renal calculus.

Presented by Acty. Asst. Surgeon, Thomas Bowen U.S.A.
Episcopal General Hospital
Philadelphia Pa.

A horse-shoe shaped calculus, weighing 4.3815 grammes; the nucleus which forms about half the calculus, is composed of oxalate of lime; the external layers especially in the horns, are composed of a mixture of oxalate of lime with urates and phosphates. The calculus is sawn to show its structure.

No 595. cystic tumor with calcareous walls from the left side of the neck.
62533D2
8043

Presented by Surgeon G. B. Parker U. S. V.

A lobulated ovoid tumor two inches in length by an inch and a quarter in breadth, removed by extirpation from the left side of the neck just beyond the outer edge of the thyroid gland where it had been forming for several months. The tumor has walls of strong fibrous tissue nearly a quarter of an inch thick, in which much calcareous matter is deposited; in its interior is one large cavity into which several smaller cavities open. It was supplied by a branch of the enlarged superior thyroid artery. The thyroid gland was not enlarged. The patient did well and recovered from the operation.

Recd at A.M.M. Aug 19th 1866.

No 596. Foramen ovale remaining patulous till adult life without symptoms.
62 11 a3
8044

Presented by Acting Asst. Surgeon W. C. Miner U.S.A
Slough General Hospital
Alexandria Va.

A small heart in which the foramen ovale remains open; the opening however passes obliquely through the inter~~ventricular~~ auricular septum, a valve like fold of ~~mucous membrane~~ endocardium existing on each side, by which undoubtedly it was kept well closed in the physiological state of the organ.
The patient Private Michael Swift Co. "A" 17th Wis. Vols. entered hospital July 22nd 1865. He had been sick over six months with camp dysentery diarrhoea and was greatly emaciated. Brandy and

nutmeg with camphor and opium pills were directed.
On the 24th enemata of chlorate of potassa in solution.
On the 25th frictions of cod-liver-oil. The cornea was noticed to be becoming opaque. Porter given
On the 28th the tongue was observed to be glazed with curdy flakes on the surface. The diarrhoea was less.
On the 29th the diarrhoea increased again. Tannin and opium pills were given. Enema of Ches. Potass.
On the 30th petechiae were observed on the front of the chest and stools became involuntary.
August 1st. Death.
Autopsy 13 hours after death.
Petechiae on the arms, legs, and chest, Old adhesions of right lung. Heart small and as above described. Kidneys large and fatty. Lower part of ileum darkly injected. the mucous membrane coated with whitish false membrane. Colon thickened with ulcers in the caput coli and sigmoid flexure.

R. J. A. 10-1868.

Nos 597 & 598. Thickened ulcerated ileum and colon with pseudo-membranous patches.
6483 Nos 4 9
6045 to 6046

Presented by Actg. Asst. Surgeon H. C. Miner U.S.A.
Slough General Hospital
Alexandria Va.

No 597. A portion of ileum with ileo-coecal valve and part of coecum attached. The ileum thickened with patches of pseudomembrane and a few minute ulcers near the valve. A Peyer's patch two inches above the valve, presents the appearance of a large oval cicatrix. The coecum is coated with patches of pseudomembrane.

Admitted July 22-1865 Chronic diarrhoea. Age 18. American. Single man. Died July 31st.

No 598. A portion of colon thickened with follicular ulcers and pseudo-membranous patches.
Private William Henry Co "G" 8th New York Cavalry died of chronic diarrhoea.

Autopsy;
Thoracic viscera normal. Sigmoid flexure of colon adherent to anterior walls of pelvis by semitransparent bands; part of the ileum behind it also adherent. The lower part of the small intes= =tine congested, with pseudo-membranous patches on the mucous surface, and a few small ulcers near the valve. Colon thickened with follicular ulcers and patches of pseudo-membrane. Mesenteric glands enlarged.

No 599. Voluminous fibrinous formations on mitral valve.
62 21 Sb. Calcareous deposits in aortic valves.
8047

Presented by Brevet Major DeWitt C Peters. Asst Surgeon U.S.A.
Jarvis General Hospital
Baltimore Md.

Heart with bulky fibrinous deposits on mitral valve. Calca= =reous transformation of aortic valves. Left auricle and right ventricle greatly dilated, with thin walls. Left ventricle with somewhat thickened walls.

History
William Hallworth, late Sergt. Co "C" 12 Penna. Cav., was discharged the service at Harper's Ferry Va. but stopped in Baltimore, and died at No 62 Conway Street July 7th 1865. and was brought to this hospital for burial.

Autopsy.
Legs and feet oedematous. Right iliac region and posterior parts of body presenting dark blue discolorations. Face yellow. Right lung weighed 40½ ounces, left lung 35 ounces. Heart weighed 10½ ounces and presented the conditions above described; it contained about 4 ounces of blood and clots. There was some effusion in the pericardium. Liver much enlarged extending to within an inch of the ilium, weight 75 ounces. Gall bladder distended with bile. Kidneys fatty and granular; the right weighing 8 the left 9 ounces. Supra-renal capsules normal. Pancreas normal. Spleen weighed 14½ ounces.

Recd. at A.M.M. Aug 4th 1865.

Nos. 600 & 601. Enlarged solitary follicles of ileum. Extremely minute ulcers of colon. (Camp fever)

6413 I7 4 8

8048 to 8049

Presented by Actg Asst Surgeon W. C. Miner U.S.A.
Slough General Hospital
Alexandria Va.

No 600. A portion of ileum showing enlarged solitary follicles; just below the middle of the piece a patch of Peyer not much thickened; near the middle of which however are two small ulcers.

No 601. Lower portion of ileum, ileo-cecal valve, and part of coecum. Ileum with enlarged solitary follicles. Coecum slightly thickened with extremely minute follicular ulcers not much larger than pin pricks.

History.

Private Erastus Boyd. Co "G" 195 Ohio Vols aged 18 years was admitted July 29th 1865. Diarhoea.

The Patient was feeble, pulse weak and compressible; 80 per minute tongue moist, slightly coated, tip and edges clean. The patient said he had had diarrhoea for three or four weeks. August 1st. The symptoms have assumed a typhoid character, the tongue is black, and dry, and delirium has set in.

August 2nd. better. August 3rd. a good deal better, tongue moister, cleaner, has had but four stools in the last twenty four hours. Aug 5th. still improving, begins to relish his food. Aug 6th. Died suddenly, having been up fifteen minutes before.

Treatment. At first pills of blue mass and opium each one grain and Extract of Nux vomica a quarter grain every three hours, with brandy and mild diet. Afterward Chalk mixture and beef tea, and from August 1st turpentine mixture with tincture of bark, brandy and beef tea.

Autopsy.

The only point which attracted attention, was the condition of the small intestine, which presented enlargement of the solitary follicles throughout the ileum, with slight thickening of Peyer's patches, which presented in many instances one or more minute ulcers. The colon closely studded with minute follicular ulcers, about the size of pin pricks.

Recd at A.M.M. Aug 19, 1865.

Nos 602 & 603.
6413 & 6113 114

8050 & 8051

Colloid cysts of mucous membrane of colon with cicatrices of former ulcers.

Presented by Actg. Asst Surgeon G. K. Smith U.S.A.
Armory Square General Hospital
Washington D.C.

No 602. A portion of transverse colon thickened and presenting on the mucous surface a number of cysts about the size of peas, with a few ulcers corresponding to ruptured cysts.

No 603. A portion of descending colon presenting a few smaller cysts with several cicatrices of more or less completely healed ulcers; most of these cicatrices are well worthy of study with the lens. When received at the museum the colon was of a pale cream color with livid bluish discolorations around the cysts. The cysts contained a semi transparent yellowish matter precisely resembling calves foot jelly; examined with the microscope, a few delicate nucleated cells were observed imbedded in this material. These cysts are probably to be regarded as transformed solitary follicles.

See Microscopic Section Nos. 7272 & 7273.

History.

Private Thomas Kelcher Co "E" 28th Mass. Vols. aged 29 years, a native of Ireland, had his thigh fractured by a minnié ball near Petersburg Va March 25th 1865; was admitted to hospital April 18th 1865 and treated without amputation.

May 10th was attacked with diarrhoea with mucous stools which continued off and on in spite of treatment until his death July 30th 1865. Immediate cause of death was an attack of erysipelas terminating in gangrene.

Autopsy 8 hours after death.

Rigor mortis well marked. Tubercles at the apex of both lungs. Pleura on left side congested and coated with recent lymph. Small intestine normal. Colon as above described.

Note: This man had probably had diarrhoea before his admission into hospital. For the specimen of the thigh and the history of the case in its surgical aspect see No 1105. Surgical Series. 1866.

XIII A
86 14

Nos 604, 605, & 606. Peritonitis from perforation in typhoid fever.

64/344-5-6

8052 to 8054 From autopsy made at Freedman's Hospital (Asst Surg P. Glennan 2d V in charge) by A. J. Schaffhirt.

No 604. A portion of the ileum taken just above the ileo-coecal valve, showing thickening and ulceration of Peyer's patches and enlarged solitary follicles.

No 605. Several knuckles of ileum taken just above the last piece, a whale-bone probe introduced into the small perforation; the peritoneal surface of the intestine coated with lymph.

No 606 Portion of the transverse colon of the same patient coated with a thick layer of lymph.

History.

William Webster- freedman aged 18 years, complexion very dark, five feet seven inches high, very muscular, weight about 150 pounds; was admitted August 20th 1865 and died August 24th 1865. Symptoms.— Pulse rapid, tongue dry furred and red at the edges, loss of appetite, obstinate constipation and slight delirium, but no tympanitis or tenderness on pressure over the abdomen.

Treatment: Brandy and beef tea.

Autopsy 12 hours after death.

Rigor mortis marked. No emaciation. Superficial arteries and veins of head and neck distended- the arteries by a clear transparent liquid in which floated many small flakes of a pale pink color,— the veins by a dark purple liquid blood which coagulated on coming in contact with the air. Meningeal arteries distended with a liquid similar to that in the superficial arteries. The sinuses distended with dark liquid blood, which escaped to the quantity of twelve ounces. Dura mater normal, between it and the arachnoid in the posterior fossa, was an effusion of about three ounces of pale pink serous fluid, in which floated two dark coagula each about the size of a silver half-dollar. Vessels of arachnoid and pia-mater injected with dark blood. Substance of brain hard and normal. Lateral ventricles contained each about one drachm of serous fluid, in which in the left ventricle a small pink clot.

floated. Choroid plexus of a dark purple color.
Pericardium normal containing about two ounces of clear serum. Heart distended with dark liquid blood; no clots or valvular disease. Lungs perfectly healthy.
The peritoneal surfaces of all the abdominal viscera, were coated with a layer of brilliant yellow pasty lymph. Abdominal cavity contained about one pint of turbid yellow liquid in which floated small flakes of lymph. The liver normal in size and texture was coated by a thin film of pasty lymph through which in most places the reddish-brown color of the organ, was visible; its interior of a dark chestnut-color its veins greatly distended with dark liquid blood, arteries empty, Gall bladder greatly distended with bile and coated with lymph. Spleen dark, slate-colored, small and firm. Pancreas normal. Kidneys normal. Stomach inflated with gas; peritoneal surface coated with lymph; mucous surface normal. Duodenum and jejunum coated with lymph, mucous surface covered with a layer of firmly-adherent bright orange-colored fæces; the outer surface of the ileum coated with lymph, beneath which it was of a dull red color, which about two feet above the ileo-coecal valve, became glossy and dark, with a small round dark brown patch opposite to each Peyer's patch. Peyer's patches were enlarged, thickened and ulcerated, and about ten inches above the ileo-coecal valve, one of the ulcers had perforated. On the valve and for a short distance above it, the solitary follicles were enlarged to the size of pin-heads; on the apex of each was a small speck of black pigment. Colon externally coated with lymph, otherwise normal. Mesenteric glands enlarged. Along the line of the abdominal aorta was a chain of enlarged lymphatic glands, varying in size from that of a pea to that of an almond.

No 607. Tubercles of the lung.

6382 A6

8055

From autopsy made at Freedman's Hospital (Asst-Surg. P. Glennan U.S.V in charge) by A. J. Schaffirt.

A section of the upper lobe of the right lung contain-ing numerous tubercles, the pleural surface covered with old adhesions. This specimen illustrates well the manner in which tubercular masses enlarge, each tubercular mass of any size on the face of the section being as a rule surrounded by a number of smaller outlying tubercles.

History.

John Manual, freedman, aged 25 years, complexion light-brown, five feet ten inches high, weight about 140 pounds, died Aug. 25th 1865 having been admitted several months previously. When admitted he had frosted feet and chronic rheumatism in the knees and ankles. His feet recovered in about three weeks with the use of turpentine and camphor, but he continued to complain of pain in his lower extremities. He did duty as nurse, and was not confined to his bed until the day of his death. About the 22nd of August he complained of general weakness, bad taste in his mouth and loss of appetite. His bowels were costive, tongue coated with a dark brown moist fur, edges clean; about six hours before death he complained of some headache. He was visited by the officer of the day (Dr A.R. Abbott (Colored)) about twenty minutes before death; he was perfectly conscious, and there were no symptoms of approaching dissolution.

Autopsy 9 hours after death.

Rigor mortis marked. No emaciation. Pacchionian bodies large making deep depressions on the inner table of the parietal bones near the inter-parietal suture. Two small osteophytes in the dura-mater in the anterior portion of the middle fossa of the left side. About two ounces of pinkish serum between the dura mater and arachnoid in the posterior fossa. Dura mater normal. Considerable effusion of serum beneath the arachnoid. Brain normal. Pericardium normal, contained about three ounces of serum. Heart normal in size; aortic valves with small calcareous formations on their free margins; other valves normal. Lungs firmly adherent to

the walls of the chest and diaphragm by old adhesions and distended so as completely to fill the thoracic cavity. The upper lobes of a dark vermillion color, and stuffed with yellowish white tubercle of cartilaginous hardness. On section the tubercles stood out prominently from the lung tissue. In the lower lobes the tubercles were smaller and more scattered, the tissue being pink and crepitant. On the lower lobe of the right lung was a small cicatrix with an opaque white centre about the size of a half dime, from which radiated depressed lines about an inch and a quarter in length. On section the cicatrix was found to be merely superficial.
Liver normal. Spleen dark slate colored and full of very minute hard tubercles. Pancreas. Kidneys and intestinal canal normal.

Nos 608, 609, & 610. Typhoid disease of the ileum with ulcers of ileum and colon, in a colored female.

A43I8160 P3

8056 to 8058.

See duplicate 68.

From autopsy made at Freedman's Hospital (Asst Surg P. Clemandot in charge) by A. J. Schaffirt.

No 608. A portion of ileum taken ten inches above the ileo-coecal valve showing one much thickened Peyer's patch, which presents the characteristic honey-comb appearance. There are also several oval ulcers which go down to the muscular coat.

See Microscopical Section, Nos. 1686 to 1717.

No 609. A piece of the ascending colon showing a number of oval ulcers, which penetrate to the muscular coat.

No 610. A portion of the descending colon having large deep ulcers.
These specimens are particularly interesting, as showing in a female contraband the same association of the ulcers characteristic of chronic diarrhoea, with the disease of Peyer's glands of typhoid fever, which is noticed so frequently in the complication of diarrhoea with fever, among our soldiers.
History by Dr. A. K. Abbott (Colored)
Caroline Franklin aged 26, color dark brown, married, nursing a female infant about three months old, was admitted Sept 15th 1865

with typhoid fever. She stated that she had been suffering from fever, headache, and pain in the stomach for four weeks. There was some emaciation, pulse 120 and feeble, skin hot and dry, tongue coated with thick yellow fur, anorexia and great thirst Bowels moved once a day, faeces greenish, urine high colored and burning, Considerable pain on pressure over the abdomen especially over the right hypochondriac and illiac regions Some tympanites. Left lung resonant throughout. Over the lower lobe of the right lung no respiration could be heard.

Directed. quinia and aromatic spirits of ammonia, with milk punch and beef tea, and turpentine stupes to abdomen.

Sept 9th. Worse, no sleep last night, patient disturbed by infant which was very restless. Tongue dry, skin dry and hot, pulse 95 and thready, and pain in abdomen increased. Continued quinia and ammonia mixture, and substituted whiskey punch for milk punch. Sulphate of morphia a quarter grain to procure sleep.

Sept 11th. Much prostrated, Infant so restless as to render it impossible for patient to sleep. Lips and tongue dry and gashed, pulse 120 scarcely perceptable. No longer any pain on pressure over abdomen, Bowels moved five times during the last 24 hours. Gave quarter of a grain of morphia every two hours to procure sleep but failed.

Sept 12th. Child died suddenly during the night. Patient moribund and affected with nervous tremors, would not take medicine, sank rapidly and died Sept 13th at 2. P.M.

Autopsy 16 hours after death.

Rigor mortis marked. Emaciation great. Mammary glands small and hard, and a small quantity of milk escaped on section, Brain and membranes normal. Heart and pericardium normal. Lungs with the exception of slight congestion in the lower lobes, perfectly normal. Liver, spleen and pancreas normal, Cardiac extremity of stomach inflamed, pyloric normal. Duodenum inflamed and stained with bile. Jejunum inflamed in patches. Ileum inflamed throughout, Peyers patches enlarged and thickened gradually from above downwards. In the lower third of the ileum the thickened patches presented ~~each~~ one or more points of ulceration; near the valve some of the patches were entirely ulcerated away, exposing at the base the fibres of the muscular coat, On the valve and for about four inches above it, the whole mucous

surface was a mass of enlarged and thickened Peyer's patches presenting ~~each~~ several points of ulceration. Coecum normal. Ascending colon inflamed with large deep transverse oval ulcers with overhanging edges, some of them more than two inches in diameter. There were also a few enlarged solitary follicles the size of peas, some of which were ulcerated on the apex. Transverse colon presented a few small round ulcers penetrating to the muscular coat. Descending colon inflamed in patches and having in the sigmoid flexure a group of small oval ulcers and slightly enlarged solitary follicles with specks of pigment on each. A few small ulcers in the rectum. Kidneys, and bladder normal. The uterus internally was highly inflamed. The right ovary had an enlarged Graafian follicle the size of a pea projecting from its free margin.

No 611. 612, & 613. Tubercular abscess of the lung. Tubercular ulceration of the small intestine. Cyst of the ovary containing fat and hair.

635285 | 655564
645374

8059 to 8061.

From autopsy made at Freedman's Hospital (Asst Surg. P. Glennan Ufr in charge) by A J Schaffirt.

No 611. A portion of the left lung presenting a tubercular abscess the size of an egg in the posterior upper portion of the lower lobe. This abscess burst into the pleural cavity during life. On the autopsy pus was found in the cavity of the pleura with adhesions around a part of the orifice of the abscess.

No 612. A portion of the ileum taken from near the middle showing a Peyer's patch seven inches long completely destroyed by tubercular ulceration. On the peritoneal surface of the piece a number of tubercles can be observed some of them the size of bird-shot.

No 613. The left half of the uterus with ligaments and ovary attached; the ovary is converted into a cyst the size of an orange filled with hair and fat. The cyst has contracted adhesions to the surrounding parts.

The patient Patsey Walker colored aged 60, was admitted

Sept 18th 1865. She was greatly emaciated and in a dying condition; the pulse was imperceptible at the wrist, with involuntary discharges of foeces and urine. Stimulants were administered, and heat applied to the extremities but without effect. She died the next day.

Autopsy 18 hours after death.

No rigor, emaciation extreme, weight about 100 pounds, hight five feet three inches.

Dura mater normal. Considerable effusion beneath the arachnoid. Vessels of pia mater distended with dark blood. Two ounces of serum collected in posterior fossae of cranium. About one drachm of serum in each of the lateral ventricles. Chorid plexus dark purple. Brain soft weight 38½ ounces.

The heart was normal in size and weighed 7½ ounces. No valvular disease. Both ventricles contained hard yellow clots adherent to the columnae carnae, and black coagula about the size of almonds lying free in the cavity.

Right lung weighed 24 ounces. The upper lobe was engorged with blood and inflated with air; on section the escaping liquid was frothy. Throughout the whole lung were scattered hard white tubercles. The bronchi were filled with frothy sputa mixed with pus. In the lower anterior portion of the upper lobe was a hard, depressed, puckered cicatrix about two inches in length. The left lung weighed 23½ ounces, engorged with blood and filled with softened tubercular masses about the size of hazel nuts. In the upper portion of the lower lobe posteriorly was an abscess cavity the size of a hen's egg, which had burst and discharged into the pleural cavity, the edges of the rupture had formed some slight adhesions to the pleura costalis. The right pleural cavity contained four ounces of pinkish serum, the left about six ounces of bloody pus.

Spleen small and firm, weight three ounces. Liver normal, weight 34½ ounces. Kidneys normal, right weighed 5 ounces the left 5½, Stomach inflated with gas, normal. Duodenum and jejunum bluish green on peritoneal surface, mucous surface clay colored. The upper portion of the ileum presented numerous small ulcers, the long diameter of which was transverse to the gut, and small white tubercles on the peritoneal surface opposite each ulcer. In the middle of the ileum was an ulcer about half an inch wide and seven inches long, from which branched off numerous small ulcers

about half an inch in length, these being for the most part on the ridges of the valvulae conniventes. (This ulcer is that preserved No 612). The lower third of the ileum was studded with transverse ulcers, but no tubercles were found on the peritoneal surface. Throughout the whole length of the ileum the solitary follicles were marked by a small speck of pigmentary matter in each. In the coecum and ascending colon the solitary follicles were presented in the form of a small black spot with a pin point puncture in each. The same conditions were observed in the transverse and descending colon. Scattered here and there throughout the colon, were a few superficial ulcers the size of five cent pieces, the edges of which appeared to be healing. There was a cystic tumor of the left ovary about the size of an orange, which was filled with fat and black hair.

6455 & 6455 1/2
8062 to 8063

No 614 & 615. Tubercles to the liver and kidneys - General tuberculosis

Presented by Actg. Asst Surgeon W. Ellis U.S.A.
Freedman's Hospital
Washington D. C.

No 614. The left lobe of the liver presenting numerous tubercles in connection with its peritoneal coat, and scattered through its structure.

No 615. The left kidney with a few small tubercles imbedded in its cortical substance.

History by Dr A. T. Abbott.

Sallie Middleton, aged 15, admitted September 1865 suffering from phthisis pulmonalis and died a few days afterwards. She was very much emaciated, prostrated and covered with perspiration, pulse 115 and very feeble, tongue moist. Tympanites and tenderness on pressure over abdomen, bowels regular, appetite keen, cough urgent. Bronchial respiration and dullness on percussion over the whole extent of the right lung. Left lung resonant, and crepitation in the lower lobe. Complains of exhausting night sweats.

Autopsy by Dr Wm Ellis.

Body greatly emaciated, weight about 100 pounds. The right lung was firmly adherent to the ribs, the pleura pulmonalis and costalis consolidated and adherent firmly to the pericardium and diaphragm; upper lobe consolidated and studded with tubercle; lower lobe entirely tuberculous. Left lung spongy and studded with tubercle.

Heart normal; large white and small black clot in the left ventricle. Pericardium distended with serum. Liver of a reddish brown color, covered with small round tubercles, on section its substance was found interspersed with the same; weight 40½ ounces; Gall bladder filled with bile. Stomach normal. Spleen reddish brown and filled with numerous tubercles about the size of peas. Pancreas normal, Mucous membrane of jejunum stained with bile. Vessels of ileum injected. Cortical substance of kidneys pale, pyramidal bodies dark brown, imbedded on the surface were a few tubercles varying in size from a pin head to a mustard seed.

No 616. Follicular ulcers of the colon.

64 S 3 to 23

8064

Presented by Brevet Major G. M. McGill. Asst Surgeon U.S.A.
National General Hospital
Baltimore Md.

A portion of colon presenting follicular ulcer, from which spread superficial ulcerations.

History by Acty Asst Surg W. G. Small U.S.A.

Private John "E" Stover aged 45, Co "C" 62 N.Y.V. from New York City. Admitted Oct 22nd 1864. Died Feb 24th 1865.

He was admitted from the front, after having suffered according to his own statement from the effects of malaria for several months, during which time he was a patient at the post hospital. He was suffering from chronic diarrhoea and general exhaustion of the vital powers.

See observation Book for inspection page 17

Had no chills but frequent dejections of slimy and partially foecal matter. He was placed under stimulant and tonic treatment, consisting of quinia, tannin and morphia. He improved under treatment but his diarrhoea returned at intervals with the usual severity, the various preparations of mineral astringents and tonics being used without effect. Counter irritation and injections were only of temporary benefit. Occasionally the patient manifested symptoms of mental aberration which at the time were attributed to effect of narcotics. His appetite was capricious but he made no complaints from the effects of anything eaten. He complained of pain in an undefined part of the lower portion of the abdomen almost continually. About 24 hours before death he was attacked with convulsions. Muscular rigor extended over the entire body, occasionally jactitation and entire want of intellectual association. Active counter-irritation was applied to the upper part of the spinal column. Sedatives were also administered internally, the effect of which was only temporary. The patient remained in a state of perfect indifference unless aroused; when he became much excited. This condition remained until death relieved him. About forty eight hours before death, he screamed violently and shrilly for some time so as to startle patients in the lowest ward of the building.

Autopsy 6 hours after death.

Body much emaciated, little rigidity.

Substance of brain normal, A small quantity of serum in the lateral ventricles; about two ounces in the sac of the arachnoid; weight 4½ ounces.

The posterior portion of lower lobe of left lung was hypostatically congested, showing red carnified section. Quite a quantity of melanic matter was found on the surface of this lung. A few of the lobules were of dark color, solid to the feel, but easily filled with air by forcible pressure upon another portion of the lung. In right lung nothing abnormal was observed, but the lobes had an abundance of melanic matter on the surface, and one calcareous body was present. Serous fluid in both pleural sacs in large quantity; each lung weighed eleven ounces. Heart: No clots. The pulmonary artery and aorta had their coats reddened. The fat upon the surface of the organ was reddish. weight 6 ounces.

Pericardium contained a small quantity of serum.
Liver small weight 27 ounces. Kidneys normal, One of the supra renal capsules of large size had a yellowish white substance externally, with a dark cherry colored substance internally.
Kidneys weighed 3½ ounces each. Spleen, small, firm, externally of light color, substance dark red, weight four ounces.
Pancreas normal weight one ounce. There was great thickening of the rectum and sigmoid flexure of the colon; and as high up as the transverse colon a red granulated surface. Whitish pseudo membrane in the sigmoid flexure, and numerous follicular ulcers and some superficial excavations.

No 617. Apoplectic clot in pons. (Hemiplegia).

6181B1.

8065

Presented by Actg Asst Surgeon W. C. Miner U.S.A.
Slough General Hospital
Alexandria Va.

Medulla oblongata, pons with cerebellum and a portion of the cerebrum, the pons ~~disorganized~~ torn by an apoplectic clot which is principally on the left side. On the left lateral ventricle was a cyst containing pus, the walls of which can still be seen in the specimen.

History.
Private Thomas Britt, aged 40, Co F 35 N.Y.V. admitted July 8th 1863 suffering from mild bilious fever, which readily yielded to treatment. The treatment consisted in two grains of blue mass and one of opium every four hours, with milk diet and toast. On the 10th involuntary evacuations were noticed, and on closer examination he was found to be hemiplegic on the right side; there was no paralysis of the face. The sixteenth of a grain of strychnia, dissolved with acetic acid in water, was ordered three times a day, with chicken broth, eggs, beef tea, etc.
Under this treatment he is said to have improved slowly,

but was drowsy and inclined to sleep.
On the 8th of August the ward physician conversed with him and found him quite comfortable at about 3 P.M. Half an hour afterwards apoplectic symptoms set in and he died in fifteen minutes.

Autopsy.
Body of full habit. A large quantity of blood under the tentorium Pons varolii ruptured, the tear filled with a black coagulum. Lungs with old adhesions. Heart hypertrophied and soft; no valvular disease. Other organs normal.

No 618. Perforating ulcer of coecum. (Chronic diarrhoea).
64 S 3 L 10 B

8066 Presented by Brevet Major Geo M. McGill Asst Surgeon U.S.A.
National General Hospital
Baltimore Md.

A portion of coecum with ileo-coecal valve and lower part of ileum; a whale-bone probe is passed through the ulcer.

History.
Private C. B. Kittle, aged 32, 10 Wisc. Battery, was admitted Jan 10th 1865: Diarrhoea, extremely irritable stomach, and pain in the right iliac fossa. Was treated with turpentine, and supporting measures with temporary relief. About the third day after admission he had low fever, with muttering delirium at night; some crepitation not very distinct, was heard over the lower lobe of right lung anteriorly; had slight cough; diarrhoea increased and death ensued Jan 17th 1865.

Autopsy.
Body emaciated. Right side of chest one fourth greater in size anteriorly, than left. On right iliac region adhesions were observed. Upon traction these gave way and revealed a perforation escape from which had been prevented by them. A small opening was found in the iliac fascia, communicating with division of the iliac and psoas muscles, in which

See "Observations" Vol. of Pathological Specimens p. 5.

there was a small collection of dark colored, offensive, caseous purulent material estimated at two fluid ounces. The extension of this collection was upwards, over crest of ileum upon the lumbar fascia towards the origin of psoas muscle. The abscess terminated inferiorly in a cul-de-sac in advance of the iliac muscle under iliac fascia, opposite anterior inferior spinous process.

Lungs: Lower lobe of right lung hepatized, as also posterior third of upper lobe ~~same~~; central portion of lower lobe of left lung in the same. When this hepatized part of lung substance was pressed, a grayish purulent fluid was expressed abundantly.

Liver one fourth larger than natural, and congested with blood. Kidneys pale. Inflammatory spots with ulceration and softening, were observed in the large intestine and lower portion of the ileum. Spleen solid of natural size. Brain normal

64531 7° 71 72
Nos 619, 620, 621, 622 & 623. 73 16555 a1

Enteric fever associated with diarrhoea. Cysts of the neck of the uterus.

8061 to 8071

From autopsy made at Freedman's Hospital by Dr Schaffert

No 619. From the upper part of the ileum showing a long somewhat thickened honey-comb Peyer's patch.

See Microscopical Preleis, Nos. 1718 to 1741 and 2531 to 2538.

No 620. From the middle of the ileum showing two thickened ulcerated Peyer's patches.

No 621. Taken from the ileo-coecal valve showing ulcerated Peyer's patches with pultaceous sloughs attached.

No 622. From the ascending colon which presented a number of rounded elevations corresponding to the site of the solitary follicles; the apices of some of these were ulcerated.

No 623. The uterus with the ovaries attached; cysts the size of peas projecting into the upper portion of the cavity of the cervix. A recent corpus luteum in the left ovary.

History by Dr A. K. Abbott (Colored)

Cinta Howard (Colored) a single woman of emaciated appearance, aged 18, brown complexion, was admitted Sept 18th 1865 in a semi-comatose condition; could give no intelligent account of her ailment. I learned from friends that accompanied her, that she had been suffering for two weeks with pain in the head and sickness at the stomach. I found her tongue coated with a thick yellowish fur; bowels relaxed skin moist and cool; pulse 130 and feeble. I found also dullness on percussion over the right lung. Left lung resonant. No tympanites or pain on pressure over the abdomen. Directed stimulants and tonics to be administered and counter-irritants to be applied to the chest. Patient remained in a semi-comatose condition refusing to take medicine, until Sept 19th when she became unconscious, sank gradually and died at 10 O.C. P.M.

Autopsy 18 hours after death.

Rigor mortis well marked. Face considerably emaciated but the body was full and well formed. Height five feet two inches; weight about 120 pounds.

Dura mater normal. An accumulation of nearly three ounces of pinkish serum in the posterior fossae of the cranium. Slight effusion beneath the arachnoid. About one drachm of serum in the lateral ventricles. Choroid plexus pale. A small quantity of calcareous matter was found in the pineal gland. Brain normal; weight 39½ ounces. The right lung was firmly adherent to the walls of the chest and diaphragm, was engorged with dark blood and filled the ~~left~~ right half of the chest. On section dark red and frothy; Left lung adherent by white bands; upper lobe congested; weight 8½ ounces.

Heart normal; weight eight ounces; a firm white clot in the right ventricle. Pericardium contained two ounces of liquid.

Liver externally reddish brown, internally mottled; weight 45 oz.

Spleen dark slate color, on section reddish brown; weight 6 oz.

Pancreas and stomach normal.

Left kidney mottled externally; presented on its anterior surface near the pelvis a metastatic focus about the size of a five cent piece, which invaded the structure for nearly a fourth of an inch. Internally the pyramidal bodies were reddish brown

striped with dark brown. Cortical substance pale (fatty) weight- seven ounces. The right kidney with the exception of the metastasis was in the same condition as the left. Duodenum and jejunum inflamed in patches. Ileum inflamed throughout. In the upper third the Peyer's patches were slightly thickened, presenting the "shaved chin" appearance; in the middle the enlargement and thickening was more extensive, and nearly all the patches presented one or more small points of ulceration, which in some had coalesced, forming small ragged ulcers; in the lower third the thickening was very great, the whole of their surface being ulcerated, with sloughs of the mucous membrane attached. Throughout the whole length of the small intestine, the villi were much enlarged.

In the coecum and ascending colon, the solitary follicles were enlarged to the size of split peas surrounded by a vivid red areola. Some of these enlarged follicles were ulcerated at the apex, having a slough of mucous membrane attached, others were surrounded by a narrow band of ulceration, having the enlarged follicle in the centre. In the transverse and descending colon the follicles were in the same condition but less numerous.

The patient died during the menstrual period, the fimbriated extremities of the fallopian tubes considerably congested; the mucous membrane of the uterus vivid red, and presented in the upper part of the cervix several small semi-transparent cysts. Right ovary presented numerous cicatrices, a large red coagula filling the cavity of a recently ruptured graafian follicle, and corpora lutea in various stages of transformation.

6352 ½2 ½3 6454 8/8

No 624, 625, 626, & 627. 6457 58

8072 to 8075

Tubercular pleurisy (General Tuberculosis)

Presented by Actg. Asst. Surgeon W. C. Miner U.S.A.
L. Overture General Hospital
Alexandria Va.

No 624 Section through the right side of the chest embracing a portion of lung with the fourth fifth and sixth ribs; the lung which contains a number of tubercles, is firmly adherent to the walls of the chest. Tubercular transformation of a part of the lymph between the lung and costal pleura.

No 625 A section through the chest on the left side embracing fourth & fifth ribs, the lung containing tubercles; both pleura costalis and pulmonalis thickened to the quarter of an inch, adherent in most places with lymph, which has undergone tubercular transformation.

No 626 A small section of the upper posterior portion of the right lobe of the liver of the same patient, imbedded in the surface of which are a number of lymphatic glands which have undergone cheesy transformation.

No 627 Spleen containing numerous large cheesy tubercles. The patient was a freedman (mulatto) of middle age greatly emaciated, presenting the rational symptoms of consumption, who died in Louverture Hospital in September 1865.

4 specimens

No 628 Softened tubercle of the liver.

8076 6465 E1

Presented by Asst. Surg. H. S. Schell.
Snyder U.S.A. Gent Hospital
Germantown Penna.

Admitted Sept. 12th. 1864 with typhoid fever, age 46, Irish; fever, rapid pulse, dry furred tongue, marked constitutional depression, dulness on percussion & diminished respiration over both lungs. Both lungs consolidated & presented abundant tubercular deposits.

A section of liver showing a number of small cavities, the contents of which were cheesy with moderately firm cheesy walls. The patient Robert Black Co "B" 11th U.S.C.T. died Sept 18th 1864 with symptoms of acute phthisis.

№ 629
67 No. 3.

8077

Keloid from the breast of a negro.

From autopsy made at Freedman's Hospital
by A. J. Schafhirt

The integument of the front of the thorax of a very dark mulatto, over which ramifies an irregular branching keloid growth; the integument between the branches of this new formation, is healthy, with enlarged sebaceous glands, a few hairs besetting the growth itself, as well as the other portions of the integument.

See Microscopical Section, Nos. 1244 & 1254.

Microscopical examinations of parts of the growth by Dr Woodward, showed it to be composed of tough connective tissue, with small papillae, thin epidermis, the sebaceous and sudoriferous glands and hairs suppressed (with the exception of a few of the latter and their appendages); the vascularity scanty, and the whole tissue resembling an old scar from a burn. The man was a refugee who died of mania-a-potu, in the Freedmans Hospital Sept 15th 1865, and it could not be ascertained whether the condition of the integument was idiopathic, or the result of a previous injury; - see autopsy № 7 Freedman's Hospital.

№ 630
64765

8078

Tubercles of Splen from a negro.

Presented by Acting Asst Surgeon W. L. Miner USA
Slough General Hospital
Alexandria Va

A. Splen weighing 20 ounces filled with yellow tubercles, which vary in size from a millet seed to a large cherry; the specimen was found in the body of a negro, who died of Consumption aug 19th 1863; he had tubercles of the lungs, tubercular

ulceration of the bowels; and tubercular enlargement of the Mesenteric glands.

631
6456
8079

Tubercle of Splen from a negro.
From an autopsy made at the
Freedmen's Hospital Washington DC
by Samuel S Bond MD

A Small splen weighing 4 ounces, containing quite a number of tubercles, which vary in size from a millet seed to half an inch or more in diameter.
History by Dr. Ellis (Colored)
Michael Powell, Dark mulatto, - act. 19 yrs
admitted August 31st 1865 - diagnosis Phthisis
third Stage. died oct 31st 1865.
Autopsy 36 hours after death, - No rigor mortis
height 5 fut 9 inches, weight about 110 pounds.
Brain normal in texture, 2 drachms of fluid in
each lateral Ventricle; weight of Cerebrum 39
ounces, Cerebellum 5½ ounces; 4 oz of very dark
serum in post. fossae of cranium; dura Mater
slightly thickened; Pia Mater somewhat congested.
Lungs; 3 ounces of fluid in the left pleural
cavity; firm adhesions to pleura costalis and
diaphragm; left lung contained tubercle throug-
-hout its substance; weight 18 ounces.
16 ounces of fluid in right pleural cavity; firm
adhesions to Pleura Costalis and diaphragm.
Right lung filled with tubercle and cavical;
weight 36 ounces.
Heart; 5 ounces of fluid in Pericardium; heart (organ)
pale, flabby, and loaded with fat; weight 8 ounces;
a small fibrinous clot in left Ventricle; valves
normal. Liver, small; weight 36 ounces; externally
dark purple color; internally dark reddish brown;
and contained deposits of tubercle similar to those
in the splen.

Kidneys, weight of each 3½ ounces; normal. Splen small, weight 4 ounces; bluish slate color; studded with tubercles, (specimen above described). Stomach and small intestines; mucus coat slightly thickened; no ulceration. Caecum and colon normal; Abdominal cavity was distended with yellow serum.

No 632

64 & 64

8080

Tubercles of Splen; from a negro.

Presented by Asst Surg E. D. Buckman U.S.V.
U.S.A. Genl Hospital No 6. Beaufort S.C.

A Splen weighing 13 ounces; conically enlarged, containing numerous tubercles. the size of Hazel nuts.

History.

Thomas Stuart, Privt Co. F. 8th United States Colored Troops, was received into U.S.A. Genl Hospital No 6. Beaufort S.C. Feby 22d 1864, in consequence of wounds, received Feby 20th 1864 at the battle Olustee Fla.

There were two superficial perforating gun shot wounds of the lumbar region; the first passing through the body, making openings of entrance and exit, and also opening the integuments at the depression in the median line, the second striking near the inner angle of the crest of Ilium, and lodging in the track of the other ball, from which it was extracted on the 24th inst. There was no other disease apparent. The wounds did well, but about two weeks after admission he had rigors which presented an intermittent type, and yielded to quinine and stimulants.

In about two weeks there was another chill accompanied by night sweats which yielded to quinine and opium.

During his whole illness there were no alarming symptoms, except a continually increasing weakness with loss of appetite and defective assimilation, until the 11th of May 1864 when he died; two months and nineteen days after receiving the wounds which had been closed for sometime prior to his death.

Post Mortem examination showed the peritoneum almost entirely destitute of fat but thickly studded with tubercles. The liver and lungs also contained tubercles, the spleen as in the specimen. The heart small. The transverse and descending colon very small being not more than three fourths of an inch in diameter, but otherwise normal; the small intestines distended with gas to an inch and a half or two inches in diameter; but presenting no other abnormal or unhealthy appearance. The pancreas, gall bladder and stomach, natural. The abdomen contained about two quarts of serum.

No. 633

6382 7

8081

Large Tubercular Cavity.

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

Upper lobe of right lung, at the apex of which, is a cavity the size of an orange, communicating freely with the bronchial tubes; a number of whalebones have been passed through the bronchial tubes into

the cavity.

History

Philip Lucas, (colored) age 60, from Fredericksburg Va: admitted Oct 14th 1865. Diagnosis tertian intermittent fever, which gave way readily under moderate doses of Quinine, two grains every four hours. Emaciation extreme, no active symptoms of any kind; no cough; no diarrhoea; tongue clean; appetite tolerably good until forty-eight hours before death; treatment Quinine, milk punch, carbonate of Ammonia, whiskey &c; failed gradually-and died Oct 24th at 5 Oclock A M.

Autopsy- 9 hours after death; rigor mortis partial; height 5 ft 2½ inches; weight about one hundred pounds; emaciation extreme.

Head - Dura-mater slightly thickened; one ounce of serum beneath the Arachnoid, in posterior portion of each hemisphere of Cerebrum; weight of cerebrum thirty five ounces; substance normal; one drachm of fluid in each lateral ventricle; weight of cerebellum five ounces; two ounces of serum in posterior fossae of Cranium; substance normal.

Lungs; slight adhesions of left lung to the Diaphragm and Pericardium; weight eighteen ounces; cavity in superior lobe occupying one half the lobe; tubercles present throughout the lung, but not extensive; right lung firmly adherent to walls of chest and Diaphragm; weight sixteen ounces; cavity in upper lobe the size of a hen's-egg; substance of lung filled with cheesy tubercle.

Heart, soft, flabby, pale, and fat; a large white clot in the aorta; weight of heart eleven ounces; Aorta dilated one and a half inches in diameter; aortic valves normal.

Liver; firmly adherent to Diaphragm; weight thirty-five ounces; color normal; substance firm.

Spleen; weight four ounces; small; surface shrivelled; consistence very firm.

Kidneys; weight of each two and a half ounces.

very small, cortical substance firm.
Pancreas, normal; weight two ounces.
Messentery; small quantity of tubercular deposit in the messenteric glands, and on the peritoneal surface.
Ileum; venous congestion of lower portion; tubercular ulceration; mucus membrane thickened.
Stomach, Duodenum, Jejunum, Caecum and Colon normal, Bladder normal

N°. 634. 635
64236 64816
636. 637
64284 61186.

8082 to 8085

Tubercular peritonitis; tubercular ulceration of the Ileum; ulceration of the stomach; tumor of Cerebellum.

From autopsy made at the Freedmen's Hospital Washington D.C. by Dr Samuel. T Bond.

N°634 a portion of Stomach including pyloric orifice and commencement of Duodenum, about three and a half inches from Pyloric orifice the mucous membrane of the greater curvature of the stomach, presents an oval ulcer about half an inch in diameter, with perpendicular edges penetrating to the muscular coat, A few minute follicular ulcers in Duodenum.

N°635 From the middle of the Ileum, showing a tubercular ulcer an inch and a half in diameter on the mucous surface. The peritoneal surface covered with numerous tubercles, many of which hang like polypi by narrow necks from the surface.

N°636 A portion of Peritoneum taken from the abdominal parieties, to the right of the median line. The surface is the seat of numerous tubercles, which have coalesced in many places into a thick, irregular layer.

N°637 Oval tumor the size of a pigeon's egg, from the right lobe of the Cerebellum; not examined microscopically on account of its condition, when obtained.

History

Mary Smith, (colored), age 23, admitted Sept 23rd 1865; had been sick a month with a severe cold and sore throat; coughed a great deal; voice hoarse; countenance pale; slight dulness over upper lobe of right lung and over lower lobe of left lung; hemoptysis.
Died, Oct 23rd 1865.
Autopsy eight hours after death.
Body much emaciated, rigor mortis partial, height 5 feet 1 inch, weight about 85 pounds.
Head. Arachnoid adherent at 3 or 4 points and congested; four drachms of fluid in posterior fossae of cranium, weight of Cerebrum thirty three ounces, Cerebellum five and a half ounces, substance of brain normal - two drachms of serum in each lateral ventricle, membranes of Cerebellum congested. A tumor the size of a pigeon's egg in the right lobe of the cerebellum.
Lungs - Right lung weighed thirteen ounces; adherent to Pleura costalis and pericardium, lobes adherent to each other, tubercles abundant in the upper lobe, present but not abundent in the lower lobe, Left lung weighed nineteen and a half ounces, adherent at all points and in same condition as right.
Heart, Pericardium contained twelve ounces of clear serum. Heart weighed six ounces, pale and flabby, white clots in both ventricles and ~~both~~ auricles, also coagula of blood in left ventricle; valves normal.
Liver, adherent to diaphragm and walls of abdomen; weight forty-six ounces, of a brick-dust color, contained a few large cheesy tubercles; lateral ligaments and peritoneal covering studded with tubercle.
Spleen, of a burnt umber color both externally and internally and, studded with tubercle the size of millet seeds.

Omentum, contracted into a band and filled with tubercles the size of a bird's egg.
Diaphragm, covered with tubercles throughout its whole extent, more particularly on its under surface.
Kidneys, left weighed four ounces, right three and a half ounces, tubercular deposits in the cortical substance of both, otherwise normal.
Stomach; the mucous coat thickened, a large scooped ulcer in greater curvature about two and a half inches from pylorus, and a small one in the greater extremity of the organ.
Mesentery was contracted into a solid lump filled with tubercles. Intestines adherent to parietal peritoneum and contracted into one conglomerate mass, their peritoneal surface covered with tubercular deposits, and the parietal peritoneum also, covered with tubercular deposits.
Ileum contained a large tawny colored ulcer and several smaller ones.
Caecum contained two ulcers near "caput".
Uterus and ovaries appeared normal,
Bladder, normal.

N°638
6251H3
8086

Heart Clot.

Presented by Surg. P. A. Jewett U.S.V.
Knights General Hospital
New Haven Conn.

A heart containing fibrinous clots in all its cavities; the clots of the Aorta are long and ramifying, those of the pulmonary artery similar but not so long.
History by Actg. Asst. Surg. F. H. Bishop U.S.A.
Private William Kaldebaum Co A. 1st Conn Cavalry - age 30, was admitted July 20th 1865

Oct. 21-64.
& No Readville Lane Mus
Lamb.

by transfer from Readville Mass, laboring under consumption, with paralysis of the lower extremities. He was treated with Stimu-lants and nourishing diet. Died Sept 24 1865.
Autopsy - Moderate emaciation; much pig-ment in lungs; in apex of left a large cav-ity filled with pus; tubercles and small cavities throughout the lungs. Heart soft and fatty; its cavities filled with fibrinous clots, which ramified into all the arteries, and extended as high as the brain; on remov-ing the heart they were drawn out of the vessels like so many pieces of tape. Some serum in pericardium. Liver soft, yellow, and fatty. Kidneys small and fatty. Brain soft; some effusion of serum in the ventricles - Arach-noid somewhat opaque.

No 639
64551
8087
4 duplicates 5 S. mus. Pam. 41.

Distention of the Gall-ducts of right lobe of Liver.

Presented by Surgeon Edwin Bentley U.S.V.
Slough General Hospital
Alexandria Va.

A perpendicular section through the right lobe of the liver, showing a great number of cysts and sinuous passages, the largest nearly a quarter of an inch in diameter; these are dilated gall ducts, which in the recent specimen contained a yellowish serum-like fluid.
History by A. A. Surg J. D. Twining U.S.A.
Charles Lewis - Privats Co. G. 23rd U.S.C. Troops, was admitted to Slough General Hospital Alexandria Va. Oct. 20th 1865; he stated that he had had a chill, and from his history of his symptoms,

it was supposed that his disease was intermit-tent fever; ten grains of dovers powders were ordered at night. The bowels had been opened freely during the day.
Oct 21st. Some fever; ordered five grains of sulphate of quinine three times a day. In the afternoon the patient had a decided chill.
Oct 22nd. Some fever during the day, with feeble pulse; besides the quinine a tablespoonful of whiskey was ordered three times during the day. On this day the patient had no chill.
Oct 23rd. Some fever, pulse one hundred; ordered surface to be sponged; a teaspoonful of brandy every three hours; a quarter of a grain of sul-phate of morphia at night.
Oct 24th. Pulse one hundred and twenty, quick full; skin hot and dry; slight muttering delirium, restless, wakeful, breathing sixty per minute; urine dark with much sediment; bowels not moved today; ordered a tablespoonful of egg-nogg every hour, ten grains chlorate of Potassa and ten drops of oil of Turpentine in mucilage every four hours; twelve grains of Dover's powders at night.
Oct 25th. Pulse quick and jerking, patient no better, did not sleep, bowels not moved; ordered one ounce of Castor oil; a tablespoonful of egg-nogg every half hour. Evening; pulse quick and jerk-ing, tongue furred but clean at tip and edges, no sordes, patient picks at bed clothes, bowels moved from effect of the oil; treatment continued, twelve grains of Dover's powders at night.
Oct 26th. Slept none, skin hot and dry, tongue ~~dark~~ dry brown and coated, respiration sixty-two per minute, delirium, bowels moved last night, stools thin and yellow, abdominal tenderness, tympanitis, jaundice making its appearance, eyes yellow, urine stains the bed clothes yellow; ordered five grains of carbonate of Ammonia every three hours. P.M. Bowels moved once today, patient restless, cannot sleep; ordered one eighth of a grain

of sulphate of morphia every hour until quiet;
Oct 27th " Pulse weaker one hundred and ten per minute, bowels constipated, tongue brown and dry, slept a little towards morning; ordered one grain of Calomel and two grains of Ipecac ~~Wanha~~ every hour ~~for~~ six hours; applied mustard to back of neck
Oct 28th " Died at 1.45 a.m. The diet throughout consisted of beef tea and chicken broth.
Autopsy - Effusion in the ventricles of brain. Lungs normal, Some fluid in left thoracic cavity. Heart normal, Some enlargement of Peyer's patches, the rest of the intestines normal. Liver large; right lobe completely honey-combed by dilated gall-ducts, which contained a serum like liquid; left lobe normal but stained with bile. The gall bladder small containing some viscid bile. The rugae of its mucous surface unusually prominent.

Nos 6408 & 6411 — Hypertrophy of Bladder, great distention of
15 Bas 8485 B2 — Ureters and Kidneys, double ureter on right side;
8088 to 8089 — An Echinococcus cyst in liver.

From Autopsy made at the Freedman's Hospital Washington D.C. by Dr. Samuel. S. Bond.

No 6410 — A Urinary apparatus showing right kidney very greatly enlarged, with two pelvis each greatly ~~ex~~tended at the expense of the kidney substance; from each pelvis proceeds a separate ureter, the two uniting about three inches from the bladder; the ureters distended to the thickness of a man's finger. The left kidney also enlarged, its pelvis distended, its ureter the size of a finger. Muscular coat of the bladder more than half an inch in thickness. Prostate slightly enlarged. Vas Deferens distended. Probably a case of stricture

is not this vas deferens?

of the membranous portion of the urethra, which unfortunately was overlooked at the autopsy.

N°6248 A piece of the anterior edge of liver, with gall
8089 bladder attached; on the anterior edge, between the right lobe and gall bladder, is a cyst the size of a horsechestnut, which contained a yellowish semi-solid substance, in which, the microscope, besides abundant granules, showed numerous Echinococcus claws.

History

John Anderson, a light mulatto, age fifty-one, admitted Oct 23rd 1865, diagnosis Intermittent fever, General Debility, and Incontinence of urine. Died Nov 11th 1865 at 10 Oclock P.M. Autopsy four hours after death.

A well formed negro-man, not emaciated, height 5 feet 10 inches, weight about 120 pounds, rigor-mortis partial.

Head, Cerebrum weighed thirty-five ounces, Dura Mater adherent to Os-frontis, Pia Mater slightly congested, slight effusion beneath the Arachnoid in the posterior lobes, half ounce of serum in posterior fossae of cranium, substance of brain firm, one drachm of fluid in each lateral Ventricle, choroid plexus normal; Cerebellum weighed five and a half ounces, normal. Lungs, weighed each eight ounces, upper lobes of each collapsed with emphysema, no adhesions, no effusions in pleural cavities.

Heart, two ounces of serum in pericardial sac; Heart small and flabby, coronary vessels congested, valves normal, weight of organ seven ounces. Liver weighed forty-nine ounces, color normal, consistance very firm, a yellow echinococcus cyst the size of a horsechestnut, in anterior edge of right lobe, immediately adjoining the gall bladder.

Gall bladder, full. Spleen small and shrivelled, of a sky blue externally and a dark brown color internally, weight six ounces. Pancreas, normal. Kidneys, both enlarged, the right about the size of a child's head, its cavity distended with pus.

giving off two ureters, which were enlarged and filled with pus; left was about half as large as right, with its cavity and ureter also distended with pus.
The mesentery contained several calcareous deposits, from the size of a split pea, to that of a horsechestnut. Stomach, slight thickening of the mucous coat otherwise normal. ~~Duodenum, Jejunum, and Ileum, the mucous~~ membrane of small intestine slightly thickened, but no ulceration. Bladder, walls much thickened and the organ distended with pus. Prostate gland enlarged and softened. The viscera being removed from the abdominal cavity, the membranous portion of the urethra was not examined.

644 & 645 5

N°642, 643 644 & 645 — Tubercular peritonitis; Tubercle of Kidney; Abortion.

8090 to 8093 — From autopsy made at the Freedman's Hospital Washington D.C. by Dr. Samuel S. Bond.

N°642 — Some knuckles of Ileum, with numerous small tubercles connected with peritoneal coat and peritoneal surface of mesentery; numerous peritoneal adhesions are also observable.

N°643 — A portion of omentum thickened, its fat atrophied, presenting numerous yellow tubercles.

N°644 — A portion of right kidney showing several tubercular nodules the size of peas.

N°645 — The organs of Generation, the cavity of the uterus presenting foul ragged ulcers, several small irregular ulcers on the posterior lip of the os, the peritoneal surface of the uterus, broad ligaments,

ovaries and fallopian tubes coated with foul pseudo-membrane, which in the fresh specimen was discolored with foecal matter.

History

Mary Ann Scott, age 14, admitted Sept 14th 1865. Died Novr 20th 1865 at 7.30 P.M. She had miscarried the day before admission, at the third month of pregnancy; had had sores on external organs of Generation, which were now healed; pustular eruption over body; ring-worm eruptions on face, supposed to be secondary symptoms; Iodide of Potassium removed most of the eruption, Pleurisy Oct 5th. Oct 24th much emaciated, too weak to sit up, appetite capricious, sometimes eating enormous quantities, at other times refusing all nutriment. Stimulants and tonics were exhibited; she gradually sank, and died as above stated. Autopsy eighteen hours after death. A well formed mulatto 5 feet 1 inch in height; emaciation extreme; weight about eighty pounds; no rigor mortis.

Head: Dura-Mater a little thickened; weight of Cerebrum thirty-six ounces, membranes congested; two drachms of serous fluid in each lateral ventricle; Choroid plexus very pale; substance of brain firm. Cerebellum weighed five ounces, small white tumor size of a split pea on upper surface of right lobe, near Medulla Oblongata; substance softened; one ounce of clear serum in posterior fossae of cranium.

Lungs; left adherent to pleura costalis by small fibrinous bands; lobes adherent to each other, lower lobe engorged with blood, weight thirteen ounces; four ounces of serum in left pleural cavity; right lung slightly adherent to diaphragm, and in same condition as left lung; weight eleven ounces; two ounces of serum in right pleural cavity; both lungs contained a large amount of pigment and a few miliary tubercles. Pericardium contained half an ounce of

clear serum. Heart, very small and fatty, weight five ounces; small white clot extending from right ventricle into pulmonary artery; and a smaller one from left ventricle into the aorta; small white clot and coagula of blood in the left auricle; valves normal.
Liver weighed thirty-eight ounces; upper surface of a dark clay color and firmly adherent to diaphragm; the under surface was of a very dark blue color; organ very fatty and small. Kidneys, right very small; weight three ounces; a few tubercular deposits on external surface; left weighed four ounces and in same condition as right. Spleen weighed five ounces, of a purple color, and dotted with deposits of white tubercle the size of split peas. Diaphragm covered on its under surface, with deposits of white tubercle. Stomach, the mucous coat thickened, and presented a yellow color, filled with deposit of pigment; the peritoneal surface was covered with small tubercles, hanging like grapes, by narrow necks. The small and large intestines were so adherent to peritoneum, and abdominal parietes, and to each other, as to prevent their being separated; the colon contained an unusual amount of pigment, deposited in the solitary follicles. A cavity with walls of dirty yellow lymph, was formed in lower portion of abdomen immediately over the bladder, containing, about a pint of foecal matter and pus. The intestines were perforated, presenting several apertures, and had the appearance of having sloughed away. The uterus was enlarged, and ulcerated internally, from the os uteri through which a large bougie could be passed, to the fundus. The ovaries and Fallopian tubes, were coated with the same dirty lymph, which lined the cavity above described. The external organs of generation appeared healthy, but at the upper portion of the vagina, adjoining the os-uteri, and also on the posterior

whose head?

lip of the os, were a few small ulcers, with irregular edges, and gray bases.

655565 648473

№ 646. 647 & 648 Cancer of the uterus and ovaries; general dissemination of cancerous nodules.

74

8094 to 8096 From autopsy made at the Freedmen's hospital Washington D.C. by Dr. Samuel. S. Bond.

№ 646 Internal organs of generation; the womb ulcerated on its internal surface, and connected with the ovaries by a dense carcinomatous mass; the right ovary represented by a cyst, which was filled with a yellow pus-like fluid; the left ovary was in a similar condition, but was torn in removing it from the body, in consequence of its adhesions to the intestines.

№ 647 Several knuckles of small intestines, the peritoneal surface of which presents adhesions, and numerous nodules of cancer, about the size of peas.

№ 648 A piece of omentum almost devoid of fat and containing a number of cancer nodules.

History

Harriet Wells, a dark mulatto, age 18, admitted Aug. 2nd 1865. Diagnosis typhoid fever; treatment stimulating, beef tea, nitric acid &c. Died Nov. 8th 1865 at 8.30 a.m. Autopsy 6 hours after death.

Head. Dura mater slightly thickened, with osseous formations in the Pacchionian granulations; one ounce of fluid in the posterior fossae of cranium; weight of cerebrum twenty-nine ounces; one ounce of serous effusion beneath arachnoid; substance of brain firm; one drachm of fluid in each lateral ventricle; choroid plexus dark and congested; cerebellum weighed four and a half ounces; substance normal.

Pericardium contained four ounces of fluid.

Heart weighed six ounces; light colored, flabby.

and loaded with fat, valves normal.
Lungs, left was firmly adherent to pleura costalis and pericardium; weight eight ounces; pulmonary pleura studded with small cancerous deposits; parenchyma of lung engorged with blood, and contained a few small cancerous nodules; four ounces of bloody serum in left pleural cavity. Right lung, adherent at all points, weight seven ounces, same condition as left. Liver adherent to diaphragm; gall bladder full; weight of liver thirty ounces, externally of a dark reddish brown color, with cancerous nodules scattered over its surface, and through its substance, which was congested with blood.
Spleen small; chocolate color; weighed three ounces; contained cancerous nodules throughout its substance. Pancreas normal, weight two ounces. Omentum as in the specimen.
Kidneys, weight of each four ounces, normal.
Stomach, Mesentery, and Intestines, contracted into one conglomerate mass; mesentaric glands very large. Uterus ulcerated, and cancerous, with both ovaries converted into carcinomatous masses, in each of which a cyst the size of an orange, filled with a pus-like fluid; that on the left side was firmly adherent to the intestines, and was ruptured in removing it from the body.

N° 649 Enlargement of Pineal Gland.

L 183 a 1

8097

Presented by Asst. Surg W. C. Minor U.S.A
Knight Gen.l Hospital New Haven Conn

Medulla oblongata, with Pons, Crura cerebri, and parts of Cerebrum, dissected so as to expose the third and fourth ventricles & the tubercula quadrigemina. The Pineal gland is enlarged somewhat more than four times its natural size.
No history or memorandum of the case received.

N° 650 Oedema of the glottis.

L 3 b 165

8098

Presented by, Surg. Wm. Watson U.S.V.
Post Hospital, Rock Island. Ills.

Larynx, with portions of tongue, and trachea attached; the orifice of the glottis closed by oedema; the epiglottis greatly swollen.
History, N° 8 Case book Rock Island Hospital, reported by, M. K. Gleason A.A.S U.S.A.
David R Zimmerman, Co. C, 7th S.C. Infantry, age 30 years, admitted April 9th 1864.-
Sanguine temperament, robust stature, short neck, Unable to obtain previous history. On admission teeth firmly set together; loud croupy breathing; pain over laryngeal region; dusky hue of countenance; lips blue; breathing quick and labored. Physical signs; a loud rale heard over larynx; sonorous and subcrepitant rales over both lungs. Epiglottis, tonsils and surrounding parts very much swollen. Treatment. Operation of tracheotomy one hour after admission; inserted a quill tube through aperture in trachea, through which he breathed freely with marked improvement until two o'clock next night, when he had a severe chill, from which

time he rapidly sank, until death closed the scene, at 8 o'clock next morning, April 10th.
Sectio Cadaveris. Epiglottis and tonsils thickened and enlarged; folds of glottis swollen, producing almost complete closure. Lungs normal.

N°651 Peritonitis.

8099 Presented by Surg. William Watson U.S.V.
Post Hospital, Rock Island, Ills.

A perpendicular section through abdominal contents; showing the intestines adherent to each other; the mesenteric glands greatly enlarged; the whole forming a solid mass.
History N° 189, Case book Rock Island Hospital, reported by J. B. Young a.a.s. U.S.a.
William Riggins, age 36. Pvt. Co F, 3rd Ga Cavalry: admitted Nov 29th 1864. Disease registered Scorbutis. This subject was by occupation a farmer of Clark Co. Ga.; had been afflicted with pneumonia, and bilious fever; with these exceptions his health was good previous to joining the confederate army; his health during his stay in the army was good; he was captured at Knoxville Tennessee Sept 29th 1862, was taken to Louisville Ky, afterwards exchanged at Vicksburg Miss; captured a second time on Holston river Tenn, from which place he was sent directly to Rock Island prison Ills; he has been in hospital twice since here with diarrhoea; he has never been well since arriving at this prison. During the time he has been in hospital, or at least after a few days, has had no diarrhoea: bowels rather constipated, also a lack of urinary secretion; complained much of dyspnoea, had to be

propped up in bed much of the time. Appetile was very poor, abdomen tense and distended; the thorax also distended; the intercostal spaces pushed out, giving the appearance of extensive effusion in both the pleural, and peritoneal cavities.
Treatment, sustaining; The patient died Jany 3rd 1865. Autopsy four hours after death; upon opening the thorax there was considerable effusion, on both sides; lungs collapsed and full of Miliary tubercles; the heart somewhat hypertrophied, its walls thin, especially the right auricle, which was so distended as to hold about four ounces.
The abdomen was distended, the integument stretched and shiny; all the viscera were adherent to each other; the mesenteric glands greatly enlarged. The mass formed by the adherent viscera weighed about thirty pounds. The mucous membrane of the bowels appeared normal, and it is to be remarked, that during life the bowels responded promptly to the action of cathartic medicines.

No. 652
33166
8100

Inflammation and thickening of the glottis and epiglottis; death by suffocation.

Presented by William Watson Surg. U.S.V. Rock Island Hospital, Ills.

Larynx, and part of trachea, showing great thickening of the epiglottis, and lips of the glottis, like what is usually described as oedema of the glottis; an incision into the epiglottis however, discovered pus in the connective tissue of that part.
History, No 47, Case book Rock Island Hospital. reported by M. K. Gleason a a S, U S A.
Marion Evans, Private Co. E. 2nd Ark. Cav., age 26; temperament sanguine; medium size; build slender;

weight in health 150 pounds: no constitutional nor hereditary taint. Has engoyed good health prior to sickness; constitution naturally good; habits regular, and temperate; was taken suddenly with violent chill, while attending roll call of prisoners, on the evening of Sep 25th 1864; high febrile excitement, followed by intense head ache, with pain in the back and limbs lasting all night. Sept 26th, throat very sore, and glands enlarged; aphonia; difficult deglutition; with much pain.
admitted to hospital Sept 27th 1864,
Symptoms, much pain in head and throat, especially during the paroxysms of coughing; great difficulty of breathing; florid, suffused, anxious, countenance; conjunctiva congested; breathing loud, and distressingly laborious; respiration thirty per minute; cough dry and croupy; expectoration scanty; sputa clear and viscid; prefers the sitting posture; head slightly thrown back; throat swollen, and glands enlarged; pulse 120, hard and full; tongue coated, papillae raised; skin dry and hot; bowels costive; throat tender to touch.
Treatment. Croton oil internally, and applied externally to free pustulation; Solution of nitrate of silver applied to pharynx; Iodide of Potassium ten grains every four hours after cathartics.
Died Sept 28th suddenly, after attempt to rise from bed,
Autopsy. Parotid, and submaxillary glands enlarged; mucous membranes engorged; epiglottis swollen, and on puncture pus exudes; three drachms of sero-purulent fluid in the pouches of the larynx; chink of glottis firmly closed.

No. 653

64S2B2

8101

Follicular ulceration of stomach, (Chronic Gastritis)

Presented by Surg. Wm. Watson U.S.V.,
Post Hospital Rock Island Ills.

A part of the greater curvature of stomach, thickened, with numerous and minute follicular ulcers; The patient Thomas Edwin Priv. Co. Ark. Regt. Infantry entered Rock Island Hospital July 4th 1864 and died August 26th 1864, of Chronic Gastritis complicating chronic diarrhoea

Note. This does not look like chronic disease.

No. 654

64S3A1

8102

Diverticulum from duodenum, connected with the umbilicus.

Presented by Acting Asst. Surg W. C. Miner U.S.A.,
Lovenure General Hospital,
Alexandria Virginia.

Medical Museum

A piece of duodenum, the upper portion of which was about 6 inches from stomach; taken, about the middle of the piece, or about ten inches from the stomach, is a diverticulum, forming a conical pouch, which, about one and a half inches from the bowel, terminates in a fibrinous cord, which is attached to the inner surface of the umbilicus. The patient was a young colored girl age 18, a native of Virginia, who entered Lovenure Hospital August 29th 1865, and died Oct. 27th 1865, of perforation of bowels, consequent upon typhoid fever.

No. 655 Pericarditis.

6291E10

8103

Presented by L. D. Wilcoxson, A.A.S. U.S.A.
Knight's General Hospital, New Haven, Conn.

Heart, coated on the external surface with large quantities of tough lymph, the tissues around the base of the heart consolidated by inflammation into a solid mass.
Private Henry W. Todd, Co H, 30th Conn Vols. Col.
admitted april 17th 1863, he was much debilitated, complained of pain in the left side, extending to the left shoulder, and down the left arm; he sleeps badly, dreams, and starts; died Aug 24th 1863.

6403H1-2

No. 656. 657 Enteric fever; death from exhaustion, and bed sores.

658 & 659

6455H2 4585a2

From Autopsy made at the Freedman's Hospital Washington D.C. by. Dr. Samuel. A. Bond.

8104 to 8107

No. 656 & 657 Successive portions of the ileum, 657 taken from just above the ileo-coecal valve, showing ulcers of Peyer's patches, the bases of which are granulated; some of the ulcers are filled with granulations nearly to the surface.

No. 658 A portion of Liver, showing greatly enlarged gall bladder; which projects two inches beyond the anterior edge of liver.

No. 659 Internal organs of generation, showing minute ulcers of the lips of the uterus, and upper part of vagina, with adhesions of the ovaries to the Fallopian tubes and broad ligiments, and some bands of adhesion on fundus of the uterus, by which it was bound to the adjacent intestines.

History.
Sallie Brown, age 24, admitted Oct 28th 1865.
Had a large bed sore over sacrum and buttocks when admitted; and another over trochanter major of right side; had been ill of a fever a long time; no appetite; tongue coated brown in the centre; skin dry and harsh; pulse quick, wiry, and feeble; pain in the ulcer continuous; slough in centre of sore; ulcer exhaled an extremely offensive odor. Nov 3rd slough in the centre separated, leaving the os coccyx exposed. Nov 24th, diarrhoea supervened. Died Dec 2nd, at 1 a.m.
Autopsy 11 hours after death. Dark mulatto; height 5 feet 2 inches; weight about 80 pounds; rigor mortis well marked in lower extremities, in upper extremities partial; emaciation extreme. A large ulcer extending from the anus to upper portion of sacrum about 5 inches wide penetrating to the rectum below, and laying bare the os coccyx and sacrum. All the muscles and ligaments attached to these bones, were sloughed away; the lower portion of the coccyx was necrosed and hanging loosely. The ulcer extended over the superficial fascia to the vagina. There was another large ulcer on the left hip two inches in diameter and penetrating to the fascia-lata near the trochanter major; numerous abrasions were observed on various parts of lower extremities.
Head: Brain weighed 39 ounces; pia mater slightly congested; slight effusion beneath the arachnoid; one ounce of serum in the posterior fossae of cranium; dura mater contained a few osseous deposits in the Pacchionian granulations. Lungs; the left weighed eight ounces and contained deposits of pigment; otherwise normal. Right lung was adherent to pleura costalis by a few fibrinous bands, and filled with pigment; otherwise normal;

weight 10 ounces; no effusion in either pleural cavity. Pericardial sac contained one ounce of clear serum. Heart pale, with an abundance of adipose tissue, weight nine ounces; right ventricle contained a large white fibrinous clot, extending into the auricle and pulmonary artery; a similar one in the left ventricle extending into the aorta; valves normal. Liver large, weight fifty-four ounces, very pale and fatty; on section presented the nutmeg appearance; gall bladder exceedingly large, extending three inches below the anterior edge of the organ, and filled with bile. Spleen small, weight two and a half ounces, edges lobulated, light blue externally and reddish brown color internally. Pancreas normal weight three ounces. Kidneys: Left slightly congested and fatty, weight five ounces. Right weighed five and a half ounces and in same condition as left. Stomach, Duodenum, and Jejunum normal. Ileum showed great ulceration of Peyer's patches; the bases of the ulcers presenting a granulating appearance, with numerous spots of intact mucous membrane projecting from the ulcerated surface. Uterus slightly congested; the anterior lip showed a few small ulcers; the upper portion of the Vagina showed numerous ulcers; ovaries connected by adhesions with the Fallopian tubes and broad ligaments. Bladder normal.

No. 660
6453 61
8108

Follicular cysts of the colon.

Presented by Asst. Surg. W. F. Norris U.S.A.
Douglass General Hospital
Washington D.C.

See Microscopical Section, Nos. 7274 & 7275.

A portion of descending colon, on the mucous surface of which are a number of cysts the size of large peas; the colon is somewhat thickened, when received at the museum the mucous surface was cream colored; the cysts were yellow at the apex, thin bases, and the tissue immediately surrounding them of a livid blue; when the cysts were cut into, they were found to contain a yellow semitransparent jelly-like or colloid substance; when this was examined by the microscope it was found to be faintly granular, with a number of small granular cells, similar to the cells of the parenchyma of the solitary follicles, floating in it. The case is to be regarded as one of colloid transformation of the solitary follicles.

History.

Thomas B. Coleman private Co. A. 19th Miss. Infty. (Rebel), was admitted from Armory Square Hospl Aug. 17th 1865 with penetrating gun shot wound of chest, received at Petersburg, Va. Nov. 5th 1864. He died august 19th 1865 of the consequences of the wound; he had diarrhoea from the time when he was first brought under observation.

No. 661
61 82 61
8109

Cystic disease of Choroid plexus.

Donor Unknown.

A Choroid plexus, the villi of which have dilated into small cysts; several of them have attained the size of small peas. History Unknown.

N°662&663
6291/1 64th/39
8110 to 8111

Tubercles on surface of heart and in the Spleen. (General Tuberculosis).

Presented by Surg. Edwin Bentley U.S.V.
Slough General Hospital
Alexandria Va.

N°. 662 A heart, on the surface of which are numerous tubercles, about the size of peas; the heart was firmly adherent to pericardium in consequence of adhesions; the auricles were mutilated in removing the organ; the tubercles in this case are connected with the cardiac layer of the pericardium, and do not involve the muscular substance of the heart.

N°. 663 A section of Spleen, showing a great number of large yellow tubercles.

History.

David Gurdon, colored civilian, age 20 years, a native of Virginia, was admitted to Lee Overture Hospital Alexandria Va. May 19th 1865, convalescent from measles; during his residence in hospital, he had two or three attacks similar to that which proved fatal, confining him to bed for two weeks or more. On the 20th of Oct. I found him with a slight cough, pain in moderate degree over the lower lobe of right lung, dullness on percussion in this locality and also over the sternum, and friction murmur or creaking sound over the lower and anterior part of right side of chest. The tongue had a yellowish coat; appetite very poor; bowels quite regular; pulse small and weak varying from 100 to 120 per minute; great prostration of muscular strength. As the case progressed he was sometimes apparently better, but no decided improvement in his condition, was really manifested; the same feeble state of the pulse continued; the pulsations of the heart could scarcely be heard; the same loss

of muscular power, and aversion to food, were observed to exist as at first; and despite the tonic and stimulating treatment adopted with a nutritious diet, he sank, and died Nov. 14th 1865.

Sectio Cadaveris, six hours after death. Old and extensive adhesions of the right lung; left lung coated with lymph, as was also the diaphragm; both lungs filled with yellow tubercle. Heart covered with tubercular deposits. Spleen filled with large tubercles. Other organs normal

No. 6624
6484 E14
8112

Tubercle of Peritoneum, with numerous delicate adhesions. (Phthisis).

Presented by Surgeon Edwin Bentley U.S.V.
Lovelure General Hospital,
Alexandria, Va.

Several knuckles of intestines, beset with numerous thread like adhesions, and presenting on peritoneal surface of intestine and mesentery, a number of tubercles of different sizes.

History,

Private, David Chambers, Co H, 27 U.S.C. Troops, age 21; born in Ohio; was admitted Sept 16 1865 with Phthisis; and died Oct. 15th 1865.

Autopsy. Right lung; old adhesions, tubercles, and lobular pneumonia; left lung, old adhesions, a few tubercles, but crepitant throughout; at its apex a deposit of calcified tubercular matter the size of a walnut. Bronchial glands much enlarged; Heart, small, and flabby. Tubercles on peritoneal surface of Liver; small tubercle in Spleen; tubercles on peritoneum; and tubercular peritonitis.

N° 665 Tubercular Cavity. (Phthisis).
635288

8113 Presented by Surg. Edwin Bentley U.S.V.
Division Nos 3 Genral Hospitals
Alexandria Va.

Upper Lobe of right lung, in which is a large cavity occupying the greater part of the lobe; through the cavity run isolated bands of lung tissue, which have been elevated on whalebones.
James Motem (Colored), a native of Virginia, age 19, was admitted Sept. 19th 1865 for Phthisis, and died Nov 11th 1865.

N° 666 Colon thickened and covered with pseudo-membrane.
6483692

8114 Presented by Surg. Edwin Bentley U.S.V.
Division No 3 Genral Hospitals
Alexandria Virg.

See Microscopical Section Nos. 7276 to 7279.

A portion of descending colon, much thickened and covered with pseudo-membrane.
Private Curtis Cruiser, Co. K. 195th Ohio Vols. age 19, was admitted Oct. 10th 1865 from his regiment, suffering from chronic dysentery, with frequent painful and scanty evacuations. On the morning of 11th he was ordered camphor and opium pills, and milk diet; on the evening of the 12th he had a chill, followed by a high fever; injection of one drachm of laudanum in one ounce of mucilage was ordered, after each evacuation; with five grains of Sulphate of quinine every eight hours, and a teaspoonful of brandy every half hour; on 14th Oct. the following was substituted; 1 grain of Chlorate of Potassa every two hours with a tablespoonful of brandy punch, and one grain of opium every four hours. On the 15th he died.
Autopsy. There were old adhesions of both lungs

which however were fully crepitant; the liver and spleen normal; the colon was thickened and covered with pseudo-membrane.

No. 667 Miliary Tubercles of the Lung (Phthisis).

8116 6352 81 Tuberculosis 62

Presented by Surgeon Edwin Bentley U.S.V.
Division [illegible] General Hospitals
Alexandria Va.

A section of the lower lobe of the right lung containing miliary tubercles (grey granulations). Private Jacob Dixon 31st U.S. Colored Troops, was admitted to Slough Hospital Sept 16th 1865. He had had consumption several months, was weak, unable to sit up, and coughed frequently. He was treated with Cod liver oil and whiskey. Extra diet and a mixture of Syrup of Squills and senega, with laudanum and mucilage. Under this plan he somewhat improved. Oct. 29th was attacked with pleurisy, for which a blister was applied on the left side of the chest, followed by poultices of flaxseed. Nov. 2nd quinine and capsicum pills with chicken and beef tea diet. Nov. 3rd Pulse 110, weak and irregular, night sweats; gave Tannic acid grs ij Sulphate of morphia 1/6 of a grain at night. Nov. 9th Feet have become Edematous. Treatment continued. Sulphate of morphia 1/4 grain at night. a teaspoonful of brandy every hour. Nov. 12th Died. Autopsy. Large effusion of serum in the right pleural cavity; adhesions of both lungs; five ounces of serum in Pericardium. Large tubercular masses in upper lobes of both lungs; in the lower lobes gray granulations as in the specimen. Tubercles on the surface of the spleen, and scattered through its substance.

No. 668. Abscesses of Liver. (Diarrhoea).

45514

8116

Presented by Bt. Maj. Dewitt C. Peters Asst. Surg. U.S.A.
Fort McHenry Baltimore Md.

A portion of right lobe of Liver showing two large abscess cavities on its upper surface. Private Philip Renn Co. D. 1st Regt. U.S. Vet. Vols. age 41, was admitted Sept 30th 1865, suffering from chronic diarrhoea of several months standing. He was considerably emaciated and broken down. Pills of Opium and Camphor, were directed thrice daily, with free use of beef tea and milk punch; under this treatment with Sulphate of Quinia and Dover's powders five grains three times a day, he improved slightly. His stools however ranged from six to ten daily until his death, notwithstanding the administration of Opium with the various mineral and vegetable astringents, in combination and alternately.

Aromatic Sulphuric acid, Quinia and Cinchona were also given, and blisters were applied over the Stomach on account of the violent pains. Oct. 18th. Patient had violent pain in region of the kidneys, and his urine was very red and flaky; it was however of normal specific gravity, and no albumen could be detected. Micturition was frequent and painful, a blister had the effect of relieving these symptoms in a marked manner. Death Oct. 21st. 1865. Autopsy 18 hours after death; rigor mortis well developed. Cadaver much emaciated. A considerable amount of hypostatic congestion, was found in both lungs, some old adhesions over their surfaces, and about four ounces of bloody serum in right pleural cavity. Heart and Pericardium normal. Right lobe of Liver adherent to abdominal walls on right side, and contained three abscesses, two of which are seen in the specimen; each contained about

two ounces of thick flaky pus. Gall bladder small, containing about quantity of dark viticated bile. Splen much enlarged and very soft. Kidneys and Suprarenal capsules very anaemic. Small intestines slightly congested, and slight thickening of Peyers patches. Large intestine ulcerated from ileo-cecal valve to rectum; some of the ulcers were very large and deep, having destroyed the mucous and submucous cellular coats and exposing the muscular. Mucous coat of bladder thickened; urine high colored, with a quantity of a flaky substance resembling mucous floating in it. In this man's case there were no symptoms leading to any suspicions of the hepatic complication as he at no time referred any of his distress to that region, and there was not the slightest jaundice.
The History and autopsy in this case, is by Medical Cadet Henry C Morrison U.S.A.

No. 669. Abscess of the Liver.

64565

8117

Presented by Bvt. Maj. DeWitt C. Peters Asst. Surg. U.S.A.
Fort McHenry, Baltimore, Md.

A portion of right lobe of a Liver, in the upper surface of which, is a large abscess cavity, the size of a childs head.
History by Medical Cadet Harry C. Morrison, U.S.A.
Private Jacob S. Bisson Co. H. 1st regt. U.S. Vols., age 45 years, was admitted Nov 2nd 1865. He stated that about two weeks before, he had a chill on each of two successive days; the chills were preceded by a feeling of languor and disinclination for exertion, loss of appetite &c. For these symptoms he took quinia. On admission he was in a state of prostration and

anxiety, with faltering voice and respirations 34 per minute. Pulse 84, and weak. Tongue dry and slightly covered with a brown coating, with red tip and edges. Tympanitis and tenderness in right Iliac fossa. He had a stitch in the right side, and on applying the ear, loud vesicular murmur, was heard in the upper portion of his chest, and in the lower portion a distinct gurgling of fluid, was heard on expiration. His bowels were somewhat constipated. He was given a tablespoonful of Solution of Acetate of Ammonia every two hours with ten grains of Dover's powders, and a Blister four by four inches to right side; injection of soap suds; an ounce of whiskey three times a day, and beef tea at liberty.

Nov. 4th. Patient somewhat weaker; has slight diarrhoea; his stools thin and skimy; is also troubled with a cough, and expectoration slightly stained with blood; also some pain in stomach, for which camphor fomentations were directed; pills of lead and opium, one three times a day, were given for his diarrhoea; Whiskey increased to a tablespoonful every two hours. He died about 8 Oclock. There had been no jaundice at any time.

Autopsy twelve hours after death; rigor mortis well marked. Head not examined. Lungs smaly with much pigment. Bronchial glands also dark with pigment. The lower lobe of the right lung, was firmly adherent to the Diaphragm, and that muscle was ruptured in detaching it. Heart and pericardium normal. Liver was greatly enlarged, so that the diaphragm was pushed up to the third rib. There was a large abscess in the right lobe, containing 40 ounces of thick flaky pus. The remaining lobes of the Liver, showed no disease. Splean small and very soft; supra renal capsules normal; Kidneys slightly congested. Intestines congested in several places and

Peyer's glands somewhat enlarged but not ulcerated; nor could any ulcers be found elsewhere in the intestinal tract.

No. 670. Diverticulum from Duodenum.

6453 A2

8118

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

A piece of the duodenum from its middle portion presenting a true diverticulum, about two inches in length, with a small orifice.
The specimen was taken from the body of John Fenwick a dark mulatto, 71 years of age - five feet five inches in height, who died Nov. 28th 1865 of what would appear from the autopsy to be Enteric fever. See autopsy No. 23. A.F.I. U.S.A.M.M. page 53.

No. 671. Cysts of the Kidney.

6591611

8119

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

Two kidneys presenting on their surfaces and on section, numerous cysts of moderate size. Anderson Gibson, dark yellow, admitted March 14th 1865.; 89 years of age; height 5 feet 8 inches; weight about 120 pounds. Diagnosis — Debility from old age; did not require medical treatment; no marked symptoms except incontinence of urine, which existed for a few days before death. There appeared to be gradual failure of the vital powers, terminating in death at 10 Oclock A.M. Nov. 26th, 1865. Autopsy 28 hours after death.

Rigor mortis well marked; some emaciation; right leg much swollen about the calf, and showed a large scar upon the shin. Cerebrum weighed 34 oz; membranes congested; choroid plexus pale; about ½ an ounce of serum in each lateral ventricle, serous effusion beneath the arachnoid, Cerebellum weighed five and a half ounces, membranes congested and substance soft, two ounces of fluid in posterior fossæ of cranium. Left Lung, the lower lobe firmly adherent to posterior pleura Costalis and slightly to diaphragm by fibrinous bands, weight 13 ounces, upper lobe shrivelled and very crepitant, lower lobe congested, large deposits of pigment throughout the whole lung, large coagula of blood in all the larger pulmonary vessels, the shape of the tubes they occupied. Right lung adherent to pleura costalis by numerous fibrinous bands, anterior surface of upper lobe full of pigmentary deposit, lower lobe in a state of grey hepatization; 3 ounces of serum in each pleural cavity; a large dark fibrinous clot was found in the right. Two ounces of serum in the pericardial sac. Heart very large, weight 17 ounces, aorta dilated to one and a half inches in diameter, large dark fibrinous clots in all the cavities except the left ventricle, which contained a white clot extending through the aorta and into the left carotid artery, from which it was drawn to the length of 20 inches, Aortic valves semicartilaginous, remainder of valves normal, the walls of the left ventricle ~~was~~ an inch in thickness. Liver adherent to diaphragm, capsule on anterior surface of right lobe, presented a thickened cartilaginous appearance, weight of organ 50 ounces, external surface of a reddish brown color, blood vessels congested and large ones filled with coagula. Gall-bladder full. Spleen small and lobulated, weight 3½ ounces, soft with capsule thickened and of a cartilaginous appearance,

anterior superior surface of a brownish color, left half of inferior surface black tinged with green. Left Kidney weighed 4 ounces and contained 3 or 4 cysts filled with cheesy matter, and also a large number of cysts filled with clear serum. Right Kidney weighed 4 ounces and in same condition as left. Pancreas normal. Stomach, mucous membrane thickened, very dark, and congested; upper portion of Duodenum discolored with bile, otherwise normal; jejunum normal. Peyer's patches in Ileum presented the shaven beard appearance, portions of the Ileum presented a number of green patches. ~~throughout its whole tract~~ Caecum was of a dark green color. Solitary follicles of colon contained pigment. Length of large intestine 6 feet, ~~length~~ of small intestine 26 feet. Walls of bladder much thickened and lining membrane very dark; the membranous portion of the urethra was much congested, as was also the prostate gland and the muscular tissue immediately adjoining it.

No. 672. Liver with very large Pons Hepatis.

1485 a 1

4120

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

A portion of liver showing unusually broad Pons Hepatis.
The specimen was taken from the body of Samuel Smith (colored), age 72, who died Nov 29th 1865 of valvular disease of the heart.
See autopsy No. 24. A.B.A.M.M page 55.

No. 673. Follicular ulceration of Colon. (Chronic diarhoea).

64 S3 b9 1

8121

Presented by Surgeon Edwin Bentley U.S. Vols.
Slough General Hospital Alexandria Va.

A portion of the transverse colon thickened and presenting a number of follicular ulcers.

History-

Thomas Fitzgerald Private Co. B. 1st. Conn H.A. age 30 years, was admitted to Slough General Hospital Sept. 27th. 1863, suffering from chronic diarhoea. He was somewhat emaciated when admitted, and had been complaining about a month; he had from six to eight stools during the twenty four hours, which were thin, of a dark brown color, and attended with griping pain. Sept. 28th. was ordered half an ounce of Castor oil and fifteen drops of Laudanum; followed by five grains of Dovis powder every four hours; with tea and toast, milk porridge, mutton broth, and boiled rice diet. Oct. 1st. patient slightly improved, has from two to four stools in the twenty-four hours, which are of firmer consistence; the diet is continued. Oct. 15th. Stools increased in frequency, and thin; ordered ten grains of Dover's powder and five grains of Sub-nitrate of Bismuth at bed-time. Oct. 16th. five grains of Dover's powder, and five grains of Sub-nitrate of Bismuth, three times a day. Oct. 20th. No improvement; ordered ten Lead and opium pills, one to be given after each stool. Oct. 24th. complains of severe pain in the abdomen; directed half an ounce of lime water, and an ounce of boiled milk every six hours; also half a grain of sulphate of Morphia at bedtime. Oct. 27th. Stools less frequent, but still complains of pain in abdomen; was given fifteen drops of muriated tincture of Iron every four hours; diet continued. Nov. 1st. Stools frequent, six to 8 in the 24 hours,

with blood and mucous; was ordered injections of starch and laudanum after each stool. Nov. 4th, Stools from 2 to 4 in the 24 hours, dark, offensive, and contained blood and mucous; was ordered injection of one grain nitrate of silver, one ounce of mucilage of Gum arabic, and thirty drops of laudanum. Nov. 6th, The frequency and character of the stools continued, with small masses of healthy excrement; was given an injection of four grains of Sulphate of zinc, in four ounces of water, and pills containing one grain of Opium, and one grain of Ipecacuanha, every 6 hours. Nov. 10th — No improvement, extreme emaciation, with oedema of ankles and hands; continued injection of starch and laudanum after each stool; continued the pills. Nov. 13th — Pills, and injection, continued. Nov. 20th, ordered half an ounce of Castor oil, and twenty drops of laudanum; continued the treatment of 4th, 6th and 10th, alternating. Patient died Dec. 1st, Autopsy; the heart, and lungs, were found healthy; gall bladder moderately full of bile; extensive ulceration of the whole mucous surface of the large intestine, from sphincter ani, to ileo-coecal valve. Other organs healthy.

No. 67/H.
64/53 M5

Tubercular ulceration of Peyer's patches!?

8122

From Autopsy made at the Freedmen's Hospl. Washington D.C. by Dr. Samuel S. Bond

A portion of Ileum taken from near the ileo-coecal valve, showing a Peyer's patch which

is moderately thickened, and shows a considerable number of distinct ulcers.

History-

Stephen Grant, age 31, admitted Sept. 5th 1865. and died Dec. 17th 1865. at 10 a.m.; when admitted had dulness on percussion under both clavicles, pain on pressure under the clavicles and over stomach, cough causing pain in precordial region, extreme emaciation, night sweats, bowels constipated, appetite good up to three hours before death.

Autopsy 16 hours after death; a dark mulatto, five feet three inches high, weight about 120 pounds, some emaciation, rigor mortis well marked. Cerebrum weighed 41 ounces; Pia Mater congested, 1 ounce of serum in Arachnoid cavity, 1 drachm in each lateral ventricle, substance of brain soft. Cerebellum weighed five and a half ounces, venous congestion, substance very soft; 2 ounces of serum in posterior fossae of cranium. Left Lung, upper portion slightly adherent to pleura costalis, lung filled with grey tubercle, a number of small vomicae throughout upper lobe, weight of Lung 12 oz. Right Lung; upper portion firmly adherent, lower portion adherent by numerous fibrinous bands, upper lobe contained numerous vomicae some as large as a hulled walnut, and filled with tubercle, lower lobe contained much tubercle and was congested, weight 19 ounces. No fluid in pericardium. Heart very dark and congested, large firm white clot in right ventricle, extending into pulmonary artery, and a similar one in right auricle, also a small one in left Ventricle, extending into aorta, valves normal, weight of organ eight ounces. Liver small, weighed 38 ounces, presented a mottled appearance externally, and dark reddish brown internally and

congested. Spleen light blue color, weighed 3½ ounces, small and schrivelled. Right Kidney small, weighed 3 ounces, cortical substance congested and fatty. Left Kidney weighed 3½ ounces, and in same condition as right. Mesentery much congested, with glands enlarged. Stomach, mucous coat thickened and slightly congested. Duodenum, mucous coat much thickened and unusually congested. Jejunum, mucous coat thickened and somewhat congested, with a few of the solitary glands ulcerated. In the upper portion of the Ileum, Peyer's patches were slightly ulcerated, and the gut considerably congested. In the middle portion a number of the glands were ulcerated, some of the ulcers scooped, with rough irregular edges, others with thickened, raised edges, some containing deposits of tubercle (?) In the lower portion, Peyer's patches were extensively ulcerated and contained tubercle (?), that portion near the Ileo-cecal valve was very much congested. The caecum was filled with hard faeces, much congested, and presented ~~a number of~~ ulcers over nearly half its surface, the Ascending colon was much distended at the hepatic flexure with a collection of hard faeces, Transverse colon very large and distended with gas to fully 3 inches in diameter, Descending colon accumulated and contained a collection of hard ~~fæcal~~ lumpy faeces, Sigmoid flexure distended with gas, rectum contained lumps of hard faeces; the colon presented numerous points of ulceration throughout its whole extent, particularly at the points containing faeces, which had the appearance of having been confined for some time at these ~~spots~~ ulcers. Bladder small, its walls slightly thickened, contained a small quantity of a pus-like fluid.

Nos 675 & 676. Pleurisy with adhesions. Bifid ensiform Cartilage.
6552 Nos 1 6652 No. 1.

8123 to 8124 60.

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

No. 675. Transverse section through the left side of the Thorax embracing the 5th & 6th ribs; the lung has scattered through it a few tubercles: the costal and pulmonary pleura are adherent throughout with delicate fibrous adhesions.

No. 676. Lower part of Sternum in same case, with bifid ensiform cartilage.

Negro man, name, age, and history unknown.

Died Dec. 22nd 1865 at 11 A.M.

Autopsy 2 hours after death; much emaciation; rigor mortis very slight; a well formed man 5 ft. 7 inches high; weight about 100 pounds. Cerebrum weighed 35 ounces, pia mater congested, about one drachm of effusion in each lateral ventricle, choroid plexus congested, substance of brain soft. Cerebellum weighed 5½ ounces, substance soft and congested; dura Mater congested; about 3 ounces of clear serum in posterior fossae of cranium.

Right lung weighed 22 ounces, firmly adherent to Pleura Costalis and pericardeum, and filled with vomicae and tubercles.

Left Lung in same condition as right (see specimen 675) not weighed. No fluid in the plural cavities. Ensiform cartilage bifid. Pericardial sac contained four ounces of bloody serum. Heart very dark and flabby with the walls of all its cavities extremely thin, weight 7 ounces. Liver firmly adherent to diaphragm, anterior part of capsule thickened; of a very dark reddish-brown color externally, and very much congested; weight 39 ounces. Splen of a dark blue externally,

and light reddish brown color internally; weight 5 ounces. Left kidney mottled in appearance and lobulated; ~~weight 5 ounces~~; on the upper anterior surface, contained several deposits of tubercles. Supra renal capsules unusually large, the left weighing 1/2 ounces the right 1 ounce. Kidneys congested; weight of each 5 ounces. Pancreas small, weighed 2 ounces. Stomach, mucous membrane thickened. Small intestines congested. Large intestines, mucous coat thickened and ulcerated. — Walls of bladder thickened.

6413 M34 — 36

Nos 677, 678 & 679 Ulceration of the agminated glands of the Ileum, with pigment deposits of the solitary follicles of the whole intestinal tract.

8126 to 8127 56 & 57

4 se Dupl

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 677. a portion of Ileum presenting a somewhat thickened Peyer's patch, in which are a considerable number of minute ulcers.

No. 678. a portion of Ileum taken from near the Ileo-cecal valve, with a part of the caecum attached; the large Peyer's patch just above the valve scarcely thickened, presents a considerable number of small ulcers. Some of the solitary follicles are also ulcerated. The solitary follicles and the follicles of Peyer's patches, were the seat of black pigment deposit. The ulcers in this piece and no. 677, are quite minute and have elevated edges.

No. 679. a portion of colon slightly thickened, in which the solitary follicles, were the seat of black pigment deposit.

Mary Beatty, age 36, admitted to the Freedmen's Hospital, Dec. 17th 1865.- Diagnosis- Consumption and Anasarca. No history of the case obtained. Death Dec. 27th 1865. Autopsy 30 hours after death; a dark mulatto woman, 5 ft. 5 inches high, weight about 90 pounds, great emaciation, rigor mortis well marked. Cerebrum weighed 35 ounces, pia mater congested, 2 drachms of serum in each lateral ventricle, pineal gland enlarged, choroid plexus dark and in a state of venous congestion, substance of brain firm. Cerebellum weighed 4½ ounces, normal. 2 ounces of clear serum in posterior fossae of Cranium. Right Lung weighed 36 ounces, was adherent at all points by fibrinous bands, the upper lobe contained several cavities and an abundance of grey tubercle, the middle lobe ~~contained~~ a large amount of tubercle, the lower lobe ~~contained~~ some tubercle and was much congested; 4 ounces of fluid in the right pleural cavity. Left lung slightly adherent to pleura costalis, upper lobe contained much tubercle, lower lobe in a state of grey hepatization; weight 27 ounces; 3 ounces of serum in the left pleural cavity. The pericardial sac contained 2 ounces of blear serum. Heart weighed 8 ounces, very dark and congested, with white fibrinous clots in all its cavities, that in the left ventricle extending through aorta and left carotid artery, from which it was drawn to 10 inches in length.

Liver weighed 44 ounces, congested, otherwise normal. Splen of a purple color externally, dark reddish-brown internally, somewhat softened, weighed 5 ounces. Right Kidney weighed 5 ounces, cortical substance pale, organ fatty. Left ~~weighed~~ 5 ounces, and in same condition as right. Pancreas normal,

weighed 3 ounces. Stomach slightly congested, with slight thickening of the mucous membrane, and solitary follicles enlarged, but no ulceration. Duodenum slightly congested, with the solitary follicles enlarged, and a few ulcerated. Jejunum showed enlargement and ulceration of the solitary follicles, and thickening of Peyer's patches, with deposit of pigment, giving the shaven beard appearance; the patches also presented numerous distinct pin-head ulcers, with elevated edges, while the balance of the patch between these ulcers, with the exception of the thickening and pigmentary deposits, appeared healthy. Ileum presented ulceration of solitary follicles and Peyer's patches, of the same character as in the Jejunum, but more marked; in one of the patches near the Ileo-cecal valve, were found 40 distinct ulcers. In the caecum the solitary glands were filled with pigment, and a few ulcerated; this condition was observed throughout the whole tract of the colon. Uterus was congested and about double its natural size. Fallopian tubes and ovaries, also congested. Bladder much contracted, and empty; capacity not over 2 ounces.

6453
Nos 680 – 681 — Thickening and ulceration of small and
682 – 683 — large intestines. Abscess of Lung and
684 & 685 — Fatty degeneration of Kidneys. Bright's disease.

From autopsy made at the Freedman's Hospital Washington D.C. by Dr. Samuel. S. Bond.

See Microscopic Section, No. 7 [illegible]

No. 680. A portion of Ileum, much thickened, with hypertrophied villi, and ulceration of the solitary follicles.

No. 681. Ileum and Ileo-coecal valve, thickened, and in the same condition as the last; some of the solitary follicles enlanged but not ulcerated.

No. 682. From the caecum, much thickened, with minute follicular ulcers.

No. 683. From the Colon, in the same condition.

No. 684. Left lung; in the posterior part of its lower lobe, is an abscess cavity, the size of a hen-egg.

No. 685. The Kidneys, enlarged, and fatty. Bright's Disease.

History—

Henry Jones, age 13, admitted Oct. 20/865. Died Dec 29th, 1865. Diagnosis—~~General~~ Anasarca, ~~and~~ Diarrhoea, Dec. 24th. Autopsy 12 hours after death; height 5 ft. 4 inches, weight 100 pounds, abrasions on lower extremities. Emaciation extreme, rigor-mortis partial.

Cerebrum weighed 39 ounces, substance firm, one drachm of fluid in each lateral ventricle, choroid plexus congested. Cerebellum weighed 5½ ounces; 4 ounces of fluid in posterior fossae of cranium. Right lung adherent to pleura costalis by a few fibrinous bands, weight 19 ounces, grey hepatization of lower lobe, posterior portion of upper lobe congested, anterior portion emphysematous, no effusion in pleural cavity. Left lung adherent

to pleura costalis, weight 8 ounces, large abscess in posterior portion of lower lobe, no tubercles. Pericardial sac contained 4 ounces of clear serum. Heart small and dark, weight 6 ounces, mitral and tricuspid valves slightly thickened. Liver weighed 47 ounces, dark purple externally, and of a nutmeg appearance internally, congested. Spleen weighed six ounces, dark blue externally, reddish-brown internally, and congested. Right kidney 9½ ounces in weight, very large and fatty, substance contained numerous deposits of granular matter (apparently tubercle (?). Left kidney weighed 10 ounces, and in same condition as right. Pancreas small, weight 2 ounces. Stomach, Duodenum, and Jejunum, slightly congested. Mucous coat of Ileum thickened, its villi hypertrophied, ulceration of its solitary follicles; mucous coat of caecum and colon, thickened, with ulceration of the solitary follicles. Bladder congested, and walls thickened.

No. 6 86 & 6 87. Encephaloid cancer of the Left Supra-clavicular region and of the omentum.

6233 62 64 S47 2

8134 to 8135

Presented by Bvt. Lt. Col. Howard Culbertson Surgeon U.S.A.

No. 6 86. Encephaloid tumor, involving the lymphatic glands of the left supra-clavicular region, weighing 1 3/16 pounds.

No. 6 87. Large encephaloid tumor of the Omentum weighing 3½ pounds.

Both of these tumors belong to the soft

variety of carcinoma, characterized by large polygonal cells with one or more ^ nuclei.
laryeval

History

Patrick Foley, Priv. Co. H. 150th Ill. Infantry, aged 37 years. The history of the case is incomplete; the disease began ten months before death, but the tumors grew very rapidly during the last three months. The primary growth was in the left supra-clavicular region; the abdominial growth was first noticed about three months before death, which occurred from inanition Decr. 17th 1865.

Post Mortem; lower extremities, left fore arm and hand, swollen from dropsical effusion. Body greatly emaciated, and of the peculiar hue, regarded as characteristic of the cancerous cachexia.

The primary tumor occupied all the supra clavicular region, as high up as the occipital bone, and extended downwards to the pleura surrounding the phrenic nerve and brachial plexus of nerves; it also compressed the large blood vessels of the neck, and the trachea. The tumor was invested by a sac. The growth was found beneath the skin, superficial fascia, and platysma myoides, the omo-hyoid and sterno-cleido-mastoid muscles. The lungs and heart, were normal, excepting the apex of the left lung, which was inflamed and adherent to the pleura.

The secondary tumor was located in the mesentery, and was found to occupy the epigastric the umbilical, a part of the left hypochondriac, the left lumbar, and the left iliac regions; it was adherent posteriorly to the lumbar muscles and spinal column. The Stomach, Liver, Splen, and Pancreas, were pushed

upwards, but were not involved in the disease; the bowels were pushed to the right of the tumor.

No. 688 & 689. Tubercular pleurisy and Peritonitis. Genral tuberculosis.

63 52 75 1454 & 15 61.

See Supplement

From autopsy made at the Freedmen's Hospl. Washington D.C. by Dr. Samuel. S. Bond.

8136 to 8137

No. 688. A section of the right side of the thorax, embracing the bones and viscera, from the third to the eighth ribs inclusive, and extending inwards to the median line; at the upper section, which passes just above the third rib, the lung which is slightly emphysematous, is firmly adherent on every side by tough masses of cheesy lymph; at the lower section, which passes just below the 8th rib, the lung is compressed to a thin layer not more than half an inch in thickness. The thoracic cavity is lined with a thick layer of cheesy lymph, which on the costal pleura, is more than three quarters of an inch in thickness, on the pulmonary pleura much thinner; the cavity between the compressed lung and the walls of the chest, was occupied in the fresh specimen by a purulent fluid, in which floated a large coagulum of tough yellow lymph, which is still preserved in the specimen, although considerably shrunken by the action of the alcohol; this section also passes through the right lobe of the Liver, which is firmly adherent to the diaphragm; the diaphragm is much thickened, and converted into a thick, whitish, laminaceous mass

of a cartilaginous firmness.

N°689. Several knuckles of intestine of same pa-
8137 tient, with firm peritoneal adhesions,
in which and on the peritoneum itself,
numerous tubercular masses, the size of
peas, are imbedded.

History —

John Jackson, age 22, native of Orange Co. Va.,
admitted to hospital Sept. 20th 1865, diag-
nosis - Phthisis Pulmonalis. Died Dec. 28/65.
Autopsy 24 hours after death; a well formed
dark mulatto man, 5 ft. 9 inches high,
weight about 130 pounds, rigor mortis
partial, slight emaciation, vesicular
eruption over body, both knees much
swollen and covered with numerous ab-
rasions. Cerebrum weighed 39 ounces, one
drachm of serum in each lateral ventricle,
choroid plexus normal, pineal gland slight-
ly enlarged and very firm, containing
a calcareous deposit in its centre, ~~of the~~
~~gland~~ substance of brain firm. Cerebellum
weighed 5 ounces and normal.

Left lung firmly adherent to pleura cos-
talis and diaphragm, weight 16 ounces,
somewhat congested, and contained a
small amount of tubercle; about 2 ounces
of serum in left pleural cavity. Right
lung firmly adherent as described in 688.
Pericardial sac contained 6 oz. of clear
serum. Heart weighed 10 ounces, all the
valves thickened, white fibrinous clots
in all the cavities. All of the abdominal
viscera agglutinated together in the con-
dition of 689.

No. 690. Tubercles of Liver.

1455 E3

8138

From Autopsy made at the Freedman's Hospital Washington D.C. by Dr. Samuel S. Bond.

A small section of the right lobe of the liver, showing two tubercle nodules about the size of peas.

History

Samuel Tyler, age 27, admitted Sept. 9th. 1865. Died Nov. 9th. 1865. When admitted he had a hard tumor on anterior border of trapezius muscle of right side, stiff neck, swimming of head, Yellowish ~~thick~~ coating on tongue, obstinate constipation. Nov. 6th. 1865, could not sit up on account of pain in head and neck. Nov. 9th. was lifted up to rearrange bed, when he died in the upright posture at 9 a.m. Autopsy 5 hours after death; a well formed negro, 5 ft. 10 inches high, weight 160 pounds, no emaciation, no rigor mortis. Cerebrum weighed 33 ounces, venous congestion, about an ounce of fluid beneath the arachnoid, substance firm, about half a drachm of serum in each lateral ventricle, Choroid plexus congested, Cerebellum weighed 4½ ounces, slightly softened. Medulla oblongata softened and bathed in pus, which ran out on depressing the head, to the amount of three ounces. Pericardial sac contained 1 ounce of serum. Heart large, weighed 12½ ounces, a dark clot in right ventricle extending into pulmonary artery, an unusual amount of adipous tissue attached to the organ. Left lung slightly adherent to the pleura-costalis, weight 12 ounces, normal, no effusion. Right lung weighed 15 ounces and normal. Liver weighed 80 ounces, very large, of Bluish purple color, interspersed with several tubercles about the size of peas. Spleen shrivelled,

of a gray chocolate color, weight 6½ ounces, its capsule irregularly thickened over one fourth of its anterior surface, and containing throughout its substance several softened yellow tubercles. Left kidney weighed 6½ ounces. Right, 5½ ounces, congested, stellate veins beautifully marked. Peyer's patches of the ileum, presented the shaven-beard appearance from deposit of black pigment; balance of intestines normal. Bladder normal and filled with urine.

N°. 691. 692. 693
6352 D7 6453 M1 G454 E1
8134 to 8141

Tubercular infiltration of the lungs. Tubercular ulceration of the bowels. General Tuberculosis.

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

N°. 691. Transverse section of the lower lobe of the left lung, infiltrated with masses of yellow tubercle.

N°. 692. A portion of Ileum taken at the Ileo-cecal valve, with tubercular ulceration of Peyer's patches and some of the solitary follicles; on the peritoneal surface of the ileum, especially opposite the ulcers, are several small tubercles.

N°. 693. A Portion of Omentum, in which are imbedded several tubercles, the size of millet seeds.

History—
Lucy Campbell, age unknown, admitted Dec. 23rd, 1865, Diagnosis - Consumption with General Anasarca. Diarrhoea supervened Dec. 26th. Died Janry. 20th 1866. at 10 A.M.

Autopsy 26 hours after death. Mulatto woman, 5 feet 1 inch high, weight 110 pounds, no rigor mortis, abrasions upon left hip and buttocks. Cerebrum weighed 32 ounces, pia mater slightly congested, one ounce of serum in arachnoid cavity, substance firm and slightly congested, one drachm of fluid in each lateral ventricle, choroid plexus pale, pineal gland enlarged. Cerebellum weighed 5 ounces, slightly softened; one ounce of serum in posterior fossae of cranium. Right lung weighed 32 ounces, filled with grey tubercles and congested; about 1 pint of serum in right pleural cavity. Left lung weighed 30 ounces, upper lobe contained numerous tubercles and Vomicae, balance of lung solidified with tubercle, ~~lung~~ organ was adherent at all points; one pint of fluid in left pleural cavity. Four ounces of fluid in pericardial sac. Heart weighed seven ounces, very dark and flabby, contained fibrinous clots in all its cavities, Mitral and Tricuspid valves thickened. Liver weighed 52 ounces, anterior surface covered with lymph, organ studded with miliary tubercles, and slightly congested; gall bladder full. Spleen large, weight 13 ounces, anterior surface covered with lymph, and organ filled with tubercles. Right kidney weighed 4 ounces and congested. Left weighed 4½ ounces and somewhat fatty. Omentum filled with tubercles. Supra-renal capsules enlarged. Pancreas very large, weight 4 ounces. Abdominal cavity distended with fluid. Stomach, mucous coat thickened and congested. Duodenum showed a few solitary follicles ulcerated. Jejunum contained similar ulcerations, occurring more frequently. In the Ileum the ulcerations were very numerous, those of Peyer's patches presented the pin head

appearance, each patch containing a number of distinct ulcers, while the spaces between the ulcers was perfectly normal, except a slight thickening. The caecum presented numerous follicular ulcers, and the whole tract of the large intestine, showed here and there ulceration of the solitary follicles. Uro-Genital organs normal.

Nos 694. 695. 696. 625302 | 645584 | 648810

Tubercles in Bronchial glands, Liver, and Spleen.

8142 to 8144

From Autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

No. 694. Heart and part of Trachea, Bronchia and Bronchial glands attached. The Heart is covered with lymph. (Pericarditis). Bronchial glands enlarged, on section cheesy, with deposits of black pigment, the whole forming an irregular lobulated mass the size of a childs head.

No. 695. A small section from ~~upper~~ right lobe of liver, showing numerous minute tubercles on section and peritoneal surface.

No. 696. A section of Spleen, presenting numerous discreet tubercles, ranging from mere points to the size of peas.

History -

Stephen White, age 21 years, admitted Jany 6th 1866, died Jany 9th 1866; coughed a great deal at time of admission.

Autopsy 6 hours after death; a well formed muscular negro, 5 Ft. 6 inches high, weight about 150 pounds, scars upon the legs, some emaciation, rigor mortis well marked,

Dura mater congested. Cerebrum, membranes congested, extravasation of blood beneath the pia mater over the substance of the middle lobe of right hemisphere, substance of brain congested, choroid plexus dark and congested, half a drachm of fluid in each lateral ventricle, pineal gland enlarged, weight of Cerebrum 36 ounces. Cerebellum weighed 6 ounces, membranes congested, substance firm and congested; 4 ounces of bloody serum in posterior fossae of cranium. Right lung weighed 25 ounces, studded with miliary tubercles; 28 ounces of dark yellow serum in right pleural cavity. Left lung weighed 29 ounces, filled with grey tubercle, upper portion of inferior lobe hepatized; 12 ounces of serum in left pleural cavity. Pericardial sac contained 19 ounces of bloody serum, membrane thickened and covered with lymph. Heart large, external surface covered with a thick layer of lymph. Bronchial glands very much enlarged and filled with tubercle. Liver weighed 54 ounces, contained much tubercle and congested; pons hepatis well marked; gall bladder full. Spleen of a dark purple color externally irregularly conical in shape, apex downward, with lobulated edges, and filled with large tubercles; weight 9 ounces. Right Kidney weighed 5 ounces, stellate vein well marked, organ contained much tubercle, cortical substance congested. Left Kidney weighed 5 ounces, and in same condition as right. Pancreas normal, weighed 4½ oz. Stomach, mucous membrane thickened and pale. Ileum, mucous coat thickened, one of Peyer's patches near the ileo-cecal valve, much thickened and slightly ulcerated. Caecum exhibited numerous follicular ulcers. Mesenteric glands enlarged. Ensiform cartilage bifid. Uring-Genitals normal.

N°. 697.
6415 19.
8145

Carcinoma of the Liver.

From autopsy made at the Freedmen's Hospital by Dr. Samuel. S. Bond.

A portion of left lobe of liver, containing several nodules of scirrhus cancer, the largest about the size of a plum.

History -

John Savage, age 41, admitted Janry 5th 1866. Diagnosis - Bilious diarrhoea; passing faeces involuntarily. Died Janry 7th 1866.

Autopsy 48 hours after death; a well formed man apparently an octaroon, hair straight, no evidence of belonging to the negro race, said to be a native of Pittsburg Pa., and admitted to the Hospital as a refugee; rigor mortis well marked, 5 ft. 6 inches high, weight about 120 pounds, some emaciation.

Membranes of brain slightly congested, extravasation of blood on upper portion of left middle lobe beneath the pia mater; weight of cerebrum 3 7 ounces, Substance firm, half an ounce of fluid in each lateral ventricle, choroid plexus pale. Cerebellum congested, weight 5 ounces, substance soft. Dura mater at base of brain congested, and of a yellowish color; 2 ounces of fluid in posterior fossae of cranium.

Right lung weighed 35 ounces, contained much pigment, upper lobe hepatized, contained a large vomicae, and much tubercle (?), posterior portion of lower lobe congested; 10 ounces of fluid in right pleural cavity. Left lung weighed 21 ounces, posterior portion congested, contained much pigment, and tubercle; 2 ounces of fluid in left pleural cavity. Pericardial sac contained 3 ounces of fluid. Heart weighed 12 ounces, valves thickened, walls of left ventricle thick, organ fatty, small white clots in all the cavities. Liver adherent at all points,

weight 68 ounces, very fatty, and contained numerous masses of white matter throughout its whole substance, ranging in size from a pea to a large plum, and composed chiefly of nucleated cells of irregular shape and moderate size - (Carcinoma?) Spleen adherent, very soft, dark reddish-brown, weight 10 ounces. Right Kidney fatty, weighed 6 ounces. Left congested and fatty, weight 6 ounces. Stomach slightly congested; small intestines congested; Peyer's patches presented the shaven-beard appearance, from deposits of pigment. Caecum showed numerous follicular ulcers. Bladder much distended with urine of a dark color, of which it contained nearly a quart; no stricture could be found.

Nos. 698. 699. Pseudo-membranous inflammation of large and small intestines. Ulceration of Colon

64 A.S. I 53 + 54

8146 to 8147 bone from 3 phys/135 + 4 spec

U.S.A. Gen. Hosp.

From autopsy made at the Freedmen's Hospital, Harewood Washington D.C. by Dr. Samuel S. Bond.

No. 698. A portion of Ileum, taken some little distance from the Ileo-cecal valve, thickened and presenting adherent pseudo-membrane.

No. 699. A portion of rectum, much thickened, with large ulcers in mucous membrane, and patches of adherent pseudo-membrane; between the large ulcers are numerous minute follicular ulcers.

History -

John Thurn Priv. Co. D. 2nd U.S.C.T. was admitted to Harewood Hospital Jany. 11th 1866. Diagnosis - Typhoid fever. Died Jany. 12th at 6 P.M.

Autopsy 40 hours after death; a well formed negro man, 5 feet 6 inches high, weight 130 pounds, slightly emaciated, a large triangular scar on the right thigh about 2 inches above the knee, rigor mortis well marked. Veins of pia mater finely congested, ~~it~~ pia mater readily separated from the convolutions of the cerebrum, substance of brain firm, lining membrane of lateral ventricles opaque and appeared slightly softened, about 2 drachms of serum in each lateral ventricle, fornix slightly softened, choroid plexus very pale, Pineal gland contained a small amount of calcarious matter. Cerebellum large, the membranes finely congested; an accumulation of about 3 ounces of purkish serum in posterior fossae of cranium; weight of brain not obtained. Left lung contained a small amount of crude tiberele at the base of the organ, the upper lobe was slightly congested, otherwise normal. Right lung slightly congested in the upper lobe and posterior portion of inferior lobe, the middle lobe apparently healthy; about 3 ounces of serum in each pleural cavity. Pericardial sac contained about 2 ounces of serum, clear and yellow. Heart very large and flabby, dark, and presented on its surface numerous dark spots, apparently ecchymoses, large white fibrinous clots in all the cavities, ramifying through the pulmonary artery and aorta and their branches, Tricuspid and Mitral valves somewhat thickened, aortic valves atheromatous, Columnae carneae pale. Liver large, of a dark bronze color and very firm, slightly congested, Splen normal in size, of a purple color externally, and dark brown internally, substance very firm. Gall bladder filled with bile

Right kidney very small and fatty. Left was larger than normal being about 3 times the size of the right, congested and very fatty; ureters showed no abnormal condition. Omentum was contracted into a band, firm dark and congested. Pancreas large and very firm, dark color. Stomach much congested near cardiac orifice, its mucous membrane slightly thickened. Mucous coat of Duodenum thickened, its upper portion much discolored with bile, the solitary follicles slightly enlarged near the pylorus. Slight thickening and congestion of the mucous membrane of the Jejunum. The Ileum was covered with a pseudo membrane, particularly its lower portion; in the upper portion Peyer's patches were slightly thickened, in the lower portion they presented a few points of commencing ulceration. Caecum and Colon, mucous coat covered with pseudo membrane, with great thickening, presenting a number of large but superficial ulcers. The urinary organs appeared healthy.

No. 700. 701. ~~702.~~ Camp Fever. ~~Umbilical hernia.~~

6463 I 56759

8148 to 8149

From autopsy made at Freedmen's Hospital Washington D.C. by Dr Samuel S Bond.

No. 700. A portion of Ileum taken just at Ileo-cecal valve, showing typhoid thickening and ulceration of the patches of Peyer, with enlargement of some of the solitary follicles.

No. 701. Vermiform appendix of Caecum of same patient showing a number of ulcers of some size and depth.

No. 702. Mch 9-67

Turned over to Surgical Museum

Part of the anterior abdominal parietes of the same patient, showing the sac of an Umbilical hernia.

History - name and age unknown, was admitted to Hospital Janry 16th 1866. Died Janry 17th 1866. Autopsy 36 hours after death; a well formed mulatto man, 5 feet 7 inches high, age about 22 years, weight 140 pounds; slight rigor mortis in lower extremities, none in upper, umbilicus very prominent, abdomen tense and distended. Cerebrum weighed 41 ounces, Choroid plexus congested, pia mater congested, no fluid in lateral ventricles, pineal gland slightly enlarged, substance firm, slightly congested. Cerebellum weighed 7 ounces, substance firm; 2 ounces of fluid in posterior fossae of Cranium. Left lung, posterior portion firmly adherent to pleura costalis, upper portion contained numerous vomicae, and was filled with crude tubercle, lower lobe in same condition; no effusions in pleural cavity. Right lung adherent to pleura costalis at its apex, weight 37 ounces and in same condition as left. Pericardial sac contained 12 ounces of clear serum. Heart large, dark, and flabby, weighed 12 ounces, Tricuspid and mitral valves slightly thickened, aortic and pulmonary valves normal, Large firm white clots, weighing together 8 ounces, in all the cavities, extending into the arteries. Liver congested, weighed 64 ounces, presented a mottled appearance externally, and a nutmeg appearance internally, pons hepatis small. At the umbilicus was an opening through the linea alba, with a tendinous margin, lined by peritoneum, and covered by fascia and integument; this opening was two inches in diameter, circular, with rounded edges of firm tendon. Spleen weighed 5 ounces, firm in substance, chocolate

color externally, and reddish brown internally. Right Kidney weighed 6 ounces, very dark and congested. Left weighed 5½ ounces, and in same condition as right. Pancreas large, weight 4 ounces. Stomach very large capacity one gallon, its mucous lining presented a thickened granular appearance. Duodenum showed enlargement of the solitary follicles, and deposits of pigment. Brunners glands ulcerated. Jejunum presented numerous ulcers throughout its entire length, the ulcers in many cases extended through the mucous and muscular coats, and opposite them on the peritoneal coat, were deposits of apparently tubercle. The Ileum presented a great number of ulcers, which were not confined to Peyer's patches, but invaded also the solitary follicles, and mucous membrane. Caecum showed numerous ulcers, and the solitary follicles showed large deposits of black pigment. Colon contained much pigment, and a few small ulcers. Urino Genital organs normal.

No. 702.
4A3 E61
4th Supplement 81
8150

702 Ileum

No. 703.
4A3 L85
8151

Ulcerated Colon. Chronic Diarrhoea.

Presented by Surg. R. B. Bontecou, U.S.V.
Harewood Hospital D.C.

a portion of rectum, much thickened, ulcerated, with Pseudo-membrane adherent, which in many places hangs in shreads.

History -

William Brooks, Priv. Co. H. 2nd U.S.C. Troops, was admitted to Harewood Hospital Jany

12th 1866 suffering from Dysentery, according to his own statement, of some four weeks standing, contracted while on duty with his regiment in Florida. The usual symptoms of dysentery, were noticed in his case, during treatment, which consisted of Opiates, astringents, and nourishing supporting treatment throughout.
The patient was not much emaciated.
Died January 20th 1866 from exhaustion.
Autopsy; the small intestine appeared quite normal, the Colon thickened and ulcerated throughout, the rectum as in the specimen.

No. 704. 705. 706. 64[illegible]9 10 11
8152 to 8154

Enlargement of solitary follicles of small intestine. Ulceration of Colon. (Chr. Diarrhoea).

Presented by Brt Lt. Col. R. P. Pontecoe, Surg. U.S.V.
Harewood U.S.A. Genl Hospital D.C.

No. 704. A portion of Ileum, taken from near the middle, solitary follicles enlarged, mucous membrane somewhat thickened, when fresh, pigment deposits in the extremities of the villi.

No. 705. Ileum taken at Ileo-cecal valve, from the same patient, in the same condition No. 704; the last Peyer's patch slightly thickened.

No. 706. Portion of ~~dis~~ ascending Colon, much thickened, ulcerated, with pseudo-membrane adherent.

History
Wm Armstead Priv. Co. L 2 U.S.C. Troops, admitted to Harewood Hospital, Jany 17th 1866, suffering from Chronic dysentery, contracted while on duty with his regiment in Florida; on admission

the patient was too far gone to be able to give a proper account of himself; had profuse haemorrhage from his bowells, which was controlled by astringent injections; treatment throughout supporting, opiates and astringents; he rapidly sanks and Died Jany 28th 1866, from exhaustion.

Autopsy; no account furnished; the whole intestine received at the museum. Stomach, Duodenum, and jejunum, healthy; pigment in the extremities of the villi in lower two thirds of the Ileum; in this part of the intestine, mucous membrane slightly thickened and solitary follicles enlarged to the size of pin heads; Peyer's patches normal except the last three or four, which were slightly thickened. Colon greatly thickened with irregular superficial ulcers and particles of pseudo-membrane throughout; its color shades of greenish and brownish, the Pseudo-membrane of faecal color and odor.

Nos. 707. 708. 6453 I 49 50

8155 to 8156

Ulceration of Peyer's patches of Ileum, and solitary follicles of Colon.

Presented by Brt. Lt. Col. R. B. Bontecou, Surg. U.S.V. Harewood Genl. Hospital, D.C.

No. 707 Ileum taken at Ileo-cecal valve, slightly thickened, its villi enlarged, Peyer's patches and a few of the solitary follicles thickened and ulcerated.

No. 708. A portion of Caecum, slightly thickened, showing ulceration of a few of the solitary follicles; before immersion in alcohol each of the ulcers appeared to be on the summit of a small tumefaction, the size of a pea

History –
John Walford Priv. Co. F. 2nd U.S.C. Troops,
admitted to Harewood Hospital on the evening
of January 17th 1866 in an apparently moribund
condition, tongue parched, teeth and lips
covered with sordes, face and body in an
extremely filthy state, could not give any
account of himself, but from a comrade a
patient in this Hospital, the attending
ward physician ascertained his name, rank,
and Company; remained in this condition
until the following day, when he died from
exhaustion, notwithstanding the free use
of stimulants, and a supporting treatment
throughout. Died January 18th.
Autopsy; no account received but whole in-
testinal tract received at the museum. The Ileum
showed progressive thickening and ulcera-
tion of Peyer's patches, much as in ordin-
ary enteric fever, some of the solitary fol-
licles also much enlarged, especially to-
wards the lower portion. The colon with
numerous solitary glands enlarged to
the size of peas, the summits of many of
them ulcerated.

No. 709. Tubercle of Spleen.
1.4.B.11
4157 Presented by Ira Perry, Asst. Surg. 9th U.S.C. Troops

a spleen slightly enlarged, containing tub-
ercles the size of peas.
History –
Samuel Walk, Priv. Co. F. 2nd U.S.C. Troops.
This patient was not well at Camp Lincoln
Va. in May. The voyage to Texas did not im-

prove his health. Rations on the steamer were pork, bacon, beans, hard crackers, rice, and molasses, daily; vinegar daily when desired by the men; coffee twice daily and sugar; while off Mobile he had two rations of fresh beef; no vegetables at all on the voyage. He was taken with scurvy about the first of July, and died Sept 15th 1865; was under my care 15 days. Noticed scurvy in his mouth two days after landing at Bragos, Texas, but was able to follow his regiment to Brownsville, where he entered the hospital July 16th; mouth began to be very bad, could pull out stringy plugs by twisting them on a stick. Legs also swelled. a fleshy tumor the size of an egg arose over the tibia. (At this time vinegar seemed to the patient to do the most good internally and externally). Septemberg nearly recovered, walked about, but weak. Oct 15th about this time took cold by exposure to rain, and got rapidly worse. (I learn the foregoing from the patient). Nov. 5th came to my ward. Diagnosis on his card was Remittent fever. The case was obscure, I could make no more satisfactory Diagnosis than "Latent Pneumonia". There was evidently subacute inflammation within the entire thorax. The greatest tenderness found by pressure over or under the costal cartilages, considerable dullness over the whole thorax, sounds obscure. No limits to the liver could be accurately traced by percussion, or felt under the ribs. The abdomen was tender and slightly tumefied. No diarrhoea. No appetite. Urinates frequently, urine deepred. Slight expectoration, Subdued cough, Pulse small-irritable. Treatment - Blisters to chest, expectorants, stimulants, good diet. Rub body with warm cod liver oil.

Nov. 8th Patient seems more comfortable

everyway. Nov. 12th much the same.
Nov. 14th growing weaker. Nov. 15. died suddenly.

Autopsy- Cadaver not much emaciated, considerable yellow adipose tissue over body. Abdomen distended, its cavity contained four pints of yellow serum, bowels pale. Colon contracted to one and an half inches in caliber, except four inches near caput coli. Ileum and Jejunum small in caliber. Very little faecal matter found in bowels. Mesentery thickened and filled with what appeared to be miliary tubercles, some of them of a purplish tinge.

Peritoneum contained many of these tubercles, and the sides of the abdomen especially the floor of the abdomen, were thickly covered with them. The bladder contained sixteen ounces of urine, of a dark color. Kidneys slightly enlarged, soft, and pale. Liver high up under the ribs, full size, light red or yellowish in color, covered and filled with tubercles- i.e. whitish hard bodies two to six lines in diameter (like tomato seeds). Splen weighed 13 ounces, full of and covered with the same kind of tubercles, but larger, and some of them of a carmine color.

The thorax was next examined. The Pleura, Lungs, Pericardium, diaphragm, Parietes of the Thorax, the splen and Liver, were all completely adherent to each other in one mass. The Heart was normal except the aortic valves which were thin. The inside of the pericardium, was smooth and natural. The lungs were nearly normal, but the Lobes and Lobules firmly bound together. The lungs and pericardium, were strongly adherent to the apex side of the diaphragm, and the splen and Liver with right kidney, attached, were strong-

by adherent to the under side of the diaphragm, Both Liver and spleen, were drawn up at least 2 inches higher than their natural position.

No. 710. Spleen with peritoneal adhesions.

64/722

8158

Presented by Asst. Surg. Jno. Perry, 9th U.S.C.T.

A. Spleen slightly enlarged, with thickened capsule, and Peritoneal adhesions.

History—

Stephen Smallwood, Co. D. 19. U.S.C.T. ; after landing at Bragos, Texas, in July, this patient was able to do some duty with his regiment, though suffering from scurvy in a mild form. July 25th he was detailed as hospital guard. Ten days after arriving at this post his scurvy increased in intensity, and he became unfit for duty. August 10th gums turgid, almost embedied the teeth, and bled easily; and soon the legs began to swell. In Septr Ecthyma appeared on his legs, sides, and arms. Oct.- Scurvy symptoms had disappeared, but soon after, the abdomen began to enlarge. He complained of misery around his nabel, and had diarrhoea. Oct. 29th came to Hospital with chronic diarrhoea, which continued, checked at intervals, with occasional bloody stools, poor appetite, and frequent desire for water. Nov. 25th to 26th the diarrhoea was apparently controlled, but the patient was drowsy and the bowels very tender. Nov. 27. took breakfast as usual, was up, dressed, and sat on the bed until about 10 A.M. when he complained of being chilly, lay down and fell

asleep; at noon he did not ful able to sit up, the nurse raised him up, when he seemed faint, was laid down, and died at once. The medical offier in charge, said he died of Dysentery. The above facts I learn on careful enquiry). Cadaver Mulatto, not much emaciated; Legs, arms, and sides, had many small spots, cicatrices, the result of Ecthyma, nearly white, (the first white scars I have noticed out of numerous cases); Gums, lips, palms, soles of feet, nearly white. Inside of eyelid fawn colored and glistening. Abdomen tumefied.

Post Mortem. Thorax normal except the Semi-lunar valves, which were very much attenuated, fibrous structure entirely gone. Abdomen contained four fluid ounces of reddish liquid. The peritoneum was thickened by deposit, quarter to half an inch, chiefly at the top and bottom of Abdominal cavity; it was completely adherent to abdominal parietes; liver, stomach, spleen, bowels, kidneys, and bladder, all in one semisolid mass, interspersed everywhere with a deposition of white roundish specks of suet-like substance, (Looking like thickly scattered tomato seeds), 1/8 to 1/4 inch in diameter. The liver about normal in size and color, but firmly glued to the diaphragm, especially on its posterior convex surface, where the deposition was much thicker than on the upper border. Gall bladder shrivelled, contained 1/2 an ounce of bile. Glisson's capsule very firm in its attachments. The spleen about the usual size, its color was like healthy liver; it was surrounded by such firm membrane and attached so strongly to the diaphragm, that a strong hand could not get hold of it, so as to tear it from its bed. The general shape remained on its superior

surface, but the remainder was lost, blending with the surrounding structure.
The Pancreas also was firmly bound down. The Kidneys were enlarged one third, pale, flaccid, tough, and altered in structure.
The bowels were nearly filled with soft faeces natural in color; though the patient had diarrhea three weeks, no ulceration could be found by me nor congestion of the mucous membrane of small intestine nor colon, though it was of a dusky color. Holding the knife vertically a transverse section showed every structure in situ, as held by the adhesions. The mesenteric glands were hypertrophied.

No. 711.
64,17,12
8159

Tubercles of Spleen.

Presented by Asst Surg. Ira Perry, 9th. U.S.C. Troops.

Spleen considirably enlarged, and filled with tubercles the size of Peas.
Private James D. Smith, Co. H. 68. U.S.C. Troops, entered Hospital at Brownsville Texas, Sept. 22nd 1865.
Diagnosis - Dysentery, on the request for admission.
Entered my ward Oct. 23rd
Appearance emaciated, Epigastrium and left Hypochondriac region, enlarged and protruding.
Patient feels distressed and very weak; no diarrhoea. Oct. 26th Died.
Autopsy; Thoracic viscera anaemic. Semilunar valves very thin, with net work along the upper borders. Liver one third above the natural size, dusk red color, covered externally and internally with specks like Indian meal or tomatoe seeds. Spleen weighed about 32

ounces, dark red, and filled with white tubercles, half an inch a part, inside and outside, and like those on the liver, but four times as large. The diaphragm on its under side next to the liver and spleen, was studded with the same kind of tubercles. The kidneys were normal in size, but of a deep red color.
No lesion was noticed in the bowels.
The exudations and conditions of the valves, are quite common in all the scurvy cases examined, (about 20).

No. 712. Atrophy of the Spleen.

4160

Presented by asst. Surg Jos Perry, 9th U.S.C. Troops.
Post Hospital Brownsville Texas

Spleen very small, weighing less than 2 ounces.

History -
Private Noah Davis, Co. C. 8 U.S.C. Troops, was taken with scurvy two weeks after landing at Brazos Texas, (from camp Lincoln, Va.); he followed his regiment to Ringgold barracks, about 140 miles. His mouth was sore at the time, legs soon swelled, then a few sores appeared on legs. August - went to Hospital, took Pulke (American Aloe), and after about 4 weeks was better, and went to duty, but was not well. Oct. 1st Diarrhoea began, which continued while there. "Regiment was mustered out", and he was brought by steamer and ambulance to post hospital at Brownsville. Nov. 1st came to my ward. He was weak, confined to bed, and had 8 to 12 evacuations daily. Epsom salts one ounce, Elixir of Vitriol 1 drm, Laudanum 1 ounce, and water 3 1/2 ounces; mix, dose 1/2 an ounce 3 times

daily. Eight grains of Dover's powder as required. Stimulants and mild nourishing diet.
Nov. 15th. To this date, the patient seemed to improve
Nov. 18th Stationary. Six drops turpentine three times a day &c. Nov. 25. On the whole, failing; few discharges, appetite poor; pains in back, hips, arms, wrists, and neck; abdomen tender on slight touch, but bears pressure; pulse 68, mouth and throat dry and Rewish. Dover's powder, Tonic, Porter or whiskey (no brandy). Dec. 2nd Tender over hypogastric region, feels hot, but skin is cool, tongue moist, slight diarrhoea. Opium and camphor pills as required. Dec. 6. Failing, weaker. Dec. 7. Died. - The saline mixture promised well for 2 weeks. Diarrhoea was completely controlled.
Cadaver. 6 hours after death; Muscles below the medium size, emaciated, abdomen flat, but few scars left where the sores were.
Autopsy - Thorax; nothing unusual found, except extreme attenuation of all the semilunar valves. Abdomen; liver, Pancreas, and Stomach, normal. Gall bladder empty. Stomach contained about 10 ounces of greenish liquid. Splen weighed less than 2 ounces, and was of a red color. Kidneys tough, pyramids contracted in width and length, with enlarged infundibula and calyces, color bright red; cortical, Substance and pyramids were of the same color. Bladder contained 12 ounces of Urine. The last 15 inches of the Ileum, was narrowed in calibre, only 3/4 of an inch. The mucous coat was thickened and red. Caput Coli was pale. Ascending colon slightly enlarged in calibre. Transverse and Descending colon, sigmoid flexure, and Rectum, were all contracted to about one inch in calibre, and of a bluish tinge. The colon was smallest below the left Kidney

The mucous membrane was examined the whole length; no signs of ulceration found, and but slight congestion. Amount of faeces small. Mesenteric glands flat, enlarged ½ to 2 inches long, ¼ to ¾ of an inch thick, and ½ to 1½ inches wide, and somewhat like suet to the touch.

No. 7713. 6595 82

8161

Uterus at about the sixth month, with Placenta and membranes in situ.

Presented by Hospital Steward. A. M. Squier U.S.A.

The patient, a woman of about 20 years of age, had for sometime previous to her death, been treated for Phthisis Pulmonalis, at a civil hospital in this city. After death it was found, in a dissecting room, that she had given premature birth, at about the end of the sixth month of Uterogestation. The placenta was still adherent to the walls of the uterus; a large clot had formed in the vagina. In the upper lobes of both lungs, masses of white tubercular matter, were found; in the anterior part of the spleen, which was much enlarged, there was an abscess of about the size of a hen's egg; others smaller in size, throughout the organ. No other abnormal conditions noticed.

No 714. Hemicephalous Foetus.

68 208

8162

Donor unknown; the skeleton was prepared in the museum by Dr. F. Schafhirt.

A skeleton of a foetus at term, the parietal bones, ascending portion of the frontal, and squamous portions of the temporals, are wanting. Above the orbits, the frontal bone rounds off, and its anterior surface becomes continuous with the orbital process. The edges of the temporal and occipital bones, were rounded off in like manner; in the cup shaped cranial cavity, was a rudimentary brain which was covered superiorly by imperfectly developed integument.

No 715. Adhesions between liver and spleen.

64862

8163

From autopsy made at the Freedmen's Hospital Washington D.C. by Drs Samuel S. Bond.

A small portion of the anterior edge of spleen, and portion of left lobe of liver, attached to each other by well organized false membrane; both organs considerably enlarged.

History—

Charles Gregory, aged 13 years, admitted Oct. 13th 1865, with acute diarrhoea; Cough, Odema of extremities and face, appetite good. Died Jany 17th 1866, at 10. P.M.

Autopsy 16 hours after death; a well formed light Mulatto, 5 feet high, approximate weight 90 pounds, emaciation extreme, no rigor mortis. Effusion of 2 ounces of serum beneath the arach-

-noid, Cerebrum weighed 40 ounces, 2 drachms of fluid in each lateral ventricle, Chorroid plexus pale, Fornix softened as was also the Corpus Callosum, Substance of brain slightly softened. Cerebellum weighed 6 ounces, slightly softened; 3 ounces of fluid in posterior Cranial Fossae. Right lung weighed 17 ounces, contained a large amount of tubercle and much pigmentary depsit. Left Lung weighed 13 ounces, and in the same condition as right. Right pleural cavity contained 12 ounces and left 4 ounces of Serum. Pericardial Sac contained 4 ounces of Serum. Heart weighed 7 ounces, small white clots in all the cavities, Tricuspid and mitral valves somewhat thickened. Liver weighed 52 ounces, of a blue slate color, contained tubercle, Gall bladder contained 2 ounces of yellowish transparent bile, Pons hepatis well marked, edge of left lobe of liver adherent to anterior edge of spleen by a fibrinous band. Spleen weighed 22 ounces, of a slate color, lobulated. Right Kidney weighed 3 ounces, slightly congested. Left Kidney weighed 4 ounces, large purple spot on the anterior inferior surface, Congested. Pancreas weighed 3 ounces, normal. Stomach pale, Solitary follicles in duodenum slightly enlarged, Jejunum and Ileum normal, Caecum normal, Colon slightly contracted. Bladder contained 12 ounces of Urine. Abdominal Cavity was distended with Serum.

№ 716.
6251D13.
81664

Atheroma of the aorta, ulceration of the Semi-lunar valves.

From autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

A portion of aorta, with semi-lunar valves and part of left ventricle. The aorta atheromatous; beneath one of the valves, an ulcer, which involves the edge of the valve.
From the body of a colored man, named Washington Lee, aged 54 years, who was admitted Janry 5th 1866; his disease diagnosed Typhoid fever, was probably Cerebro Spinal meningitis. Died Janry. 17. 1866. The Heart was large, with abundant adipose tissue, weight 15 ounces, the walls of Left Ventricle one and a quarter inches thick, one of the aortic valves ulcerated, white clots in all the cavities. Pericardium contained 2 ounces of fluid. Both Lungs adherent; left lung with tubercles, some of them encysted, and a cavity the size of a pigeon's egg. Liver and Splen large, left Kidney lobulated, some congestion of small intestines, and several death invaginations, but no disease whatever in the Peyer's Patches, nor in the solitary follicles. Solitary follicles of Caecum and Colon slightly enlarged. See autopsy Nov 10. A.B. U.S.A. M.M. page 87.

№ 717.
6413 D21
81665

Tubercular ulceration of Intestines.

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

A portion of Ileum, taken near the Ileo-coecal valve, the solitary follicles enlarged, with a point of ulceration in each, a number of the follicles in the Peyer's patches enlarged, and ulcerated, the rest of the patch apparently normal; the specimen presented the shaven-beard appearance, when fresh.

History -

Benjamin Baker, a dark mulatto man, age 18 years, admitted Dec. 1st 1865, Died Janry. 22-1866. Diagnosis - Consumption.

Autopsy 36 hours after death, height 5 feet 4 inches, weight about 80 pounds, extreme emaciation, no rigor mortis, numerous scars on lower extremities, on the hips were bed sores partially healed. Cerebrum weighed 41 ounces, Slight effusion beneath arachnoid, Choroid plexus dark and congested, about 2 drachms of fluid in each lateral ventricle, membrane lining lateral ventricles thickened and congested, pineal gland somewhat enlarged and very firm, substance of brain firm. Cerebellum weighed 5½ ounces, slight effusion beneath arachnoid, substance firm; about 2 ounces of fluid in Posterior fossae of cranium. Right lung weighed 30 ounces, firmly adherent to pleura costalis, lobes adherent to each other, upper lobe contained several large vomicae occupying half the lobe, the tissue broken down, leaving the pulmonary arteries standing out prominently, organ contained much tubercle throughout; No fluid in the pleural cavity. Left lung weighed 31 ounces, firmly adherent at all points, lobes adherent to each other, in same condition as right; no effusion in pleural cavity. Bronchial glands very much enlarged. Heart weighed 8 ounces, dark, flabby, and congested, large clots in all the cavities. Liver weighed 41

ounces, of a slate color, and congested. Spleen of a light chocolate color externally, and light brown internally, very soft, weight 6 ounces. Right Kidney weighed 4 ounces, congested, and slightly fatty. Left Kidney weighed 5 ounces, very much congested. Pancreas weighed 2½ ounces, normal. Stomach, mucous coat thickened and slightly congested. Duodenum and Jejunum normal. Peyer's patches in the Ileum presented a considerable number of small tubercular (?) elevations, resembling pimples, the summit of each elevation ulcerated; the rest of the patches presented the shaven beard appearance; the solitary follicles enlarged, and ulcerated (showed) tubercular deposits and ulcers (?). In the caecum the solitary follicles contained tubercular deposits (?), and the entire large intestine contained much pigmentary matter. Rectum somewhat congested. Length of Large intestine 5 feet, of small intestine 28 feet. Urino Genitals normal

No. 718.
65 11 12

4166

Cyst in Left Kidney.

From autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

Left Kidney presenting on its anterior surface adjoining the pelvis, a cyst the size of a walnut, before being shrunk by the action of alcohol, the cyst was the size of a hen's egg, and contained a transparent fluid.

History -

Washington Howard, age about 50 years, a dark mulatto, on duty as ambulance driver, died

suddenly Janry 28th 1866. ✝ There was tubercles of both lungs, with intercurrent Pneumonia. on the right side, enlarged Bronchial glands, tubercles of liver, and large sloughing ulcers in caecum, ascending and transverse colon. Left kidney as above Right normal. see autopsy No 115 A.B. Fgg 7. a.m.m

No. 719. 64526?

Scirrhous Cancer of Stomach.

$1 67

From Autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

The pyloric extremity of the stomach thickened, from the pylorus towards the greater curvature, to a distance of four inches, into an irregular carcinomatous mass, which was limited externally by the puritoneal coat of the stomach, and had contracted no adhesions to the adjacent viscera; the inner surface was nodulated irregularly, and ulcerated in some places.
Microscopic investigation showed the predominant cell-form to be narrow spindle-shaped cells.
History -
Washington Grosser, age 57, admitted Nov. 27th 1865.
Died. Janry. 29th 1866.
Autopsy 48 hours after death; a well formed dark mulatto, height 6 feet, weight 150 pounds, some emaciation; rigor mortis partial.
Cerebrum weighed 46 ounces, Dura mater somewhat thickened, and with osteophytes in pacchionian granulations; a sac or pouch was formed in the membrane near the attachment of tentorium cerebelli to the petrous portion of temporal bone,

one ounce of fluid in posterior fossae of Cranium. Substance of brain firm. Right lung weighed 29 ounces, upper lobe collapsed, middle lobe hepatized, lower lobe congested, contained much pigment; 6 ounces of fluid in pleural cavity. Left lung adherent to pleura costalis by fibrinous bands, weight 16 ounces, upper lobe collapsed, lower lobe congested; 2 ounces of fluid in left pleural cavity. Heart weighed 12 ounces, all the valves thickened, aorta dilated and atheromatous, organ dark and congested; 5 ounces of fluid in pericardial sac. Liver small, weighed 32 ounces, anterior surface of a dark bronze color; left lobe contained a large cyst on under surface at the anterior edge of longitudinal fissure; it was mottled in color and filled with dark colored blood; a smaller one on under surface near the superior edge of lobe; gall bladder full of a dark yellow viscid bile. Splen small and shrivelled, weight 3 ounces, light blue externally, light reddish brown internally.

Right Kidney weighed four ounces, very dark and congested, contained a black calculi the size of a small pea. Left weighed 4 ounces, contained a few small cysts, dark and congested. Pancreas large, weighed 4 ounces. Stomach filled with a fluid resembling coffee grounds, pyloric portion as well as pylorus itself thickened into a large hard tumor of very firm consistance, supposed to be cancer (see discription above), and weighing one pound. Intestines throughout contained much black pigment; in the lower portion of Ileum the solitary follicles were enlarged, intestines otherwise normal. Bladder distended with urine, balance of Urino-Genital organs normal. Ensiform cartilage bifid.

Nos. 720. 721. 6483 & 45 6484 & 2.

8168 to 8169

Tubercular ulceration of colon. Tubercle of Omentum.

From Autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 720. a portion of Transverse colon, showing a number of minute follicular ulcers; near the middle of the piece, is a large tubercular ulcer, running obliquely to the axis of the gut; on the peritoneal surface opposite the ulcer, are a considerable number of tubercles; a few minute ones are scattered on other portions of the peritoneal surface.

No. 721. a portion of Omentum, containing a large number of minute tubercles.

History—

Frank Williams, aged 14 years, admitted to hospital May 24th 1865, suffering from Opthalmia (scrofulous); symptoms of Phthisis Pulmonalis first noticed about the middle of October 1865; dullness on percussion marked on the left side, beneath the clavicle, and over the 2nd 3rd & 4th ribs; expectoration very profuse during the last four weeks; hemorrhage occurred very profusely for the first time Feby 4th 66, about 5. P.M.; the boy was dead in 3 or 4 minutes. Treatment Cod liver oil, whiskey, nourishing diet, milk punch, &c; diarrhoea not troublesome except during the 2 or 3 days preceding death. Autopsy 22 hours after death; a well formed dark mulatto boy, 4 feet 9 inches high, some emaciation, rigor mortis well marked, approximate weight 80 pounds. Brain weighed 44 ounces, membranes finely congested, substance firm; 2 ounces of fluid in posterior fossae of cranium. Right lung firmly adherent to pleura costalis, weight 15 ounces, filled with crude tubercle and small vomicae; 3 ounces of fluid in right pleural cavity. Left lung weighed 28 ounces, firmly adherent at all points,

lobes adherent to each other, upper lobe contained a large vomica the size of a goose egg, and was filled with a coagulum of blood; tubercles and vomicae throughout the lung; one ounce of fluid in left pleural cavity. Bronchial glands very much enlarged. Heart small, weight 5 ounces slightly fatty, and all the valves thickened; 8 ounces of fluid in pericardial sac. Liver adherent at all points, weight 41 ounces, anterior surface coated with lymph, on section was very fatty and congested, presenting the nutmeg appearance, contained some tubercle. Splen adherent at all points, and filled with tubercle, weight 4 ounces. Pancreas and Kidneys each weighed 3 ounces and normal. Mesenteric glands very much enlarged. Stomach normal. Two large tubercular ulcers in the ileum at the ileo-cecal valve; the balance of small intestine normal. In the caecum, a few of the solitary follicles were enlarged; in the ascending colon was found one large tubercular ulcer involving the mucous and muscular coats; on the peritoneal surface opposite the ulcer were numerous tubercles; a similar ulcer in the transverse colon, but much larger; with these exceptions the large intestine was in a normal condition. Abdominal cavity filled with serum, and intestines slightly adherent to abdominal peritoneum; length of large intestine 5½ feet, of small 19 feet. Urino genitals appeared healthy.

No. 722. 723 Atheroma of Aorta and Iliacs.
62 52 B5 64 B5 a2 Lobulated Liver

8170 to 8171

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

No. 722. The lower portion of abdominal Aorta, with Iliacs attached, showing a number of patches of calcareous atheroma.

No. 723 A Liver the upper surface of which, has a number of deep grooves, giving it a lobulated appearance.
From Lewis Washington, a dark mulatto man aged 103(?) years, admitted Jany. 13th. 1866, and died Jany. 24th. 1866. Diagnosis- old age and Diarrhoea.
Autopsy showed the puricardium firmly adherent to heart. Aorta and its branches with atheromatous patches, the atheroma involving the aortic valves, and the apices of the Columnæ Carneæ attached to the mitral valves. Liver lobulated, with a cyst containing a clot of Blood on the anterior edge near the gall-bladder, Mucous membrane of intestines, congested, colon distended - See autopsy No. 31. A.B. F. 109. U.S.A.M.M.

No. 724. Left foot with six toes.
62 b2 a2

8172

Donor unknown.

Left foot, in which the last metatarsal bone, presents at its anterior extremity, two articular heads, one of which supports a toe composed of three phalanges, the outer one a toe composed of two phalanges.

No. 725. 726. Tubercular ulcerations of Ileum and Colon and cysts of Kidney.

6453 mg 65 A 1613

8173 to 8174 From Autopsy made at Freedmens Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 725. A portion of Ileum and Caecum, taken at the Ileo-cecal Valve, showing tubercular ulcers of the closed follicles of the Ileum and Caecum, a few tubercles on the perito-neal surface of the Ileum.

No. 726. Somewhat lobulated right Kidney, presenting on the surface a few cysts, which when fresh, contained a serum-like fluid.

History—

Mahala Spriggs, a native of Virginia, a freedwoman, admitted Janry 31st 1866 with Con-sumption. Died Febry 11th 1866.

Autopsy 36 hours after death; a well formed mulatto woman, about 30 years of age, height 5 feet 5 inches, weight about 130 pounds, not much emaciation, rigor mortis well marked in lower extremities, very slight in upper; abdomen very flabby; Vulva infiltrated with serum; bed sore on right buttock. Brain weighed 45 ounces and normal; one ounce of fluid in Cerebellar fossae; osteo-phytes very numerous in the pacchionian granulations. Right lung weighed 22 ounces, firmly adherent to pleura costalis, upper lobe filled with tubercle and hepatized; middle lobe contained tubercle and was emphysematous, lower lobe also filled with tubercle and congested. Left lung weighed 37 ounces, firmly adherent at all points both lobes contained large vomicae, whole lung filled with tubercle and hepa-tized; left pleural cavity contained about a pint of serum, none in the right.

Pericardium contained 6 ounces of fluid.

Heart weighed 8 ounces, congested, mitral valves slightly atheromatous.
Abdominal cavity filled with serum. Liver firmly adherent at all points by fibrinous bands, weight 60 ounces, capsule covered with lymph and easily removed from the organ, organ soft and fatty, gall bladder contained half an ounce of chrome-colored bile. Splen weighed 6½ ounces and normal. Left kidney weighed 6 ounces, very pale and fatty. Right kidney weighed 6½ ounces, somewhat lobulated, contained several large cysts filled with a transparent fluid. Pancreas weighed 4 ounces, very soft and congested. Stomach, mucous membrane thickened and pale; thickening and ulceration of the solitary follicles of Duodenum near pylorus; Peyers patches and solitary follicles of Jejunum and Ileum, showed tubercular ulceration; solitary follicles and mucous membrane showed ulceration throughout the entire tract of the large intestines, much more marked in its upper portion. Vagina much congested, and contained a few indurated ulcers. Osuteri congested. Ovaries and fallopian tubes also congested. Bladder normal

No. 727. 728. 729. 730.
1,43489 10 64575 16.25 13 M

8175 to 8178

General Tuberculosis.

Presented by Bvt Lt Col. R. B. Bontecou, Surg. U.S.V.
Harewood General Hospital, Washington, D.C.

No. 727. A knuckle of small intestine, with mesentery attached, showing tubercles of the mesentery and a few

puritonial adhesions.

No. 728. Several knuckles of intestine taken down with puritonial adhesions and tubercles, and innumerable shreds of false membrane, in which here and there are small tubercles imbedded.

No. 729. Tubercles of the Spleen.

No. 730. Part of Duodenum with Pancreas attached, showing enlarged lymphatic glands around the head of the pancreas.

Cato Stowers Priv. Co. B. 45 U.S.C.T. aged 18 years, admitted to Harewood Hospital Nov. 25th 1865, suffering from Scrofula; on admission the patient was very feble and considrably emaciated, the right and left submaxillary and axillary had a large suppurating abscess; there was enough with expectoration of purulent matter. The patient steadily sank, notwithstanding the free use of tonics, stimulants and a nourishing supporting treatment throughout, and died Janry 31st 1866 from exhaustion. Post Mortem examination, revealed entire tubercular degeneration of the lungs and Spleen; in the apex of left lung was a large cavity, which communicated with a fistulous opening through the parieties of the chest. Tubercles of the peritonæum. The mesenteric glands were also greatly enlarged, the liver apparently healthy but flabby, the kidney examined, was found healthy.

No. 731. 732. 733 — General Tuberculosis; death from tubercular Pleurisy and Peritonitis, the second week after delivery.

Presented by Bvt. Lt Col. E. Bentley Surg U.S.V.
Alexandria Va.

No. 731. A portion of the ~~right~~ left lobe of the Liver and of the Spleen, adherent together; scattered tubercles in substance of Liver and on its under surface; large tubercles stuffing the splen; the convex surface of both organs coated with thick Pseudo-membrane.

No. 732. Right Kidney presenting several tubercles the size of peas, especially on its convex surface.

No. 733. Organs of Generation from same patient; the internal surface of the uterus presents a few shreads of Pseudo-membrane.

Specimens taken from the body of a young girl (colored), who died in the second week after delivery. The thoracic and abdominal viscera, were glued by tubercular inflammation into a solid mass. Lungs and Splen stuffed with cheesy tubercles. Liver and Kidneys a few tubercles scattered through their substance; the peritonitis was associated with tubercle on the peritoneal surface of the viscera, and was most developed in the upper part of the abdominal cavity.

No. 734. 44849 41882 Condensation of the greater omentum into a thick sinuous cord.

Presented by Brt. Lt. Col. C. Bentley Surg. U.S.V. Alexandria Va.

A portion of transverse colon, from which hangs an oval cord, about an inch and a half in diameter, and 12 inches long, terminating below in an irregular fringe. The man died of Ascites, due to chronic peritonitis; the folds of the small intestines were glued together by close adhesions. The thoracic viscera, Liver, Splen, and Kidneys, were healthy, according to the physician who made the autopsy.

No. 735. 736. 737. 738 & 739.
61828 63829 4/62934
64585 64586.

Dropsy of the lateral ventricles of the brain. General Tuberculasis.

8183 to 8187

From autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 735. The right half of cerebrum, the lateral Ventricles enormously dilated, the substance of the brain being represented by a peripheral layer about the quarter of an inch in thickness. The Optic Thalamus and corpus Striatum, were so soft that they were much damaged in preparing the specimen. The left lateral ventricle was in precisely the same condition. The skull was twenty five inches in girth, otherwise normal.

No. 736. Upper lobe of right lung containing much tubercle, and marked on the external surface by a very singular branched depression, resembling a cicatrix.

No. 737. Enlarged Bronchial glands.

No. 738. A portion of left lobe of Liver, with tubercle ranging from size of a pin's head to that of a pea.

No. 739. A portion of Greater Omentum, containing numerous minute tubercles.

History —
Caesar Garnett, age 21, admitted Dec. 19th 1865.
Diagnosis - Dropsy from Hepatic disease.
Died Janr. 20th 1866.
Autopsy 40 hours after death; a well formed negro man, except the right small toe which was almost obliterated as a separate toe, weight about 140 pounds, some rigor mortis in lower extremity, none in upper, Height 5 Feet 4 inches. Cerebrum weighed 43 ounces, pia mater congested, lateral ventricles distended, capacity of each one pint; Cerebellum weighed 5 ounces, very soft, membranes congested; 12 ounces serum in posterior fossae of cranium. Right lung weighed 29 ounces, anterior surface showed a large cicatrix,

upper lobe contained much crude tubercle. Bronchial glands much enlarged. - Left lung collapsed, weighed 8 ounces, pleural surface covered with a thick coating of organized lymph resembling chamois skin in appearance. Right pleural cavity contained a pint of clear serum. Left Pleural cavity contained three quarts of bloody serum. Heart small, dark, and congested, Aortic and mitral valves thickened. Liver weighed 58 ounces, of a dark mottled, black, and reddish-brown externally, and reddish-brown color internally, and studded with tubercles; pons hepatis well marked, Gall bladder contained an ounce of viscid bile. Splein weighed 9 ounces, and filled with large tubercles. Omentum filled with tubercles. Right kidney weighed 4½ ounces, and congested. Left kidney, weight and condition same as right. Pancreas large and very soft, weight 5½ ounces. Stomach large, mucous coat somewhat thickened, excessive deposit of black pigment near pyloric orifice; Solitary follicles of Duodenum slightly enlarged; Jejunum and Ileum normal, except Peyer's patches, which presented the shaved beard appearance. Large intestines contained much pigmentary deposit, the Transverse colon contracted. (Urino-genitals normal) Length of small intestine 29 feet, of large intestine 5 feet.

(meat hue)

Nos. 740, 741. Primary Syphilis. Epithelial Cancer of the Heart.
45941 42951

8188 to 8189

From Autopsy made at the Freedmens Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 740. External organs of Generation of a male negro. Phymosis; Oedema; Suppurating buboes, in both groins

No. 741. Heart, with a tumor the size of a pigeon's egg in the wall of the right ventricle. Microscopical examination by Dr. Woodward, showed the tumor to consist of large flat cells, closely resembling the oral epithelium, but slightly smaller in size, and with larger nuclei; concentric epithelial bodies, similar to those frequently observed in Epithelioma, were abundant. The tumor is to be regarded as an Epithelioma of the heart. No other growths of the same kind, were found throughout the body.

History by Dr. P. Glennan Surg. U.S.V.

Spencer Hallis, age 40 years, was admitted Nov. 16th 1865, Diagnosis- Syphilis; Phymosis congenital has occasional slight Hemorhage from urethra, mixed with a small quantity of pus; said he had been kicked by a mule in the privates sometime before; no evidence of the injury at the time of admission; enormous buboes formed in both groins, which were blistered repeatedly, were finally opened about ~~July~~ Jany 1st, discharged freely and has gradually diminished. Jany. 26th- slight Oedema of Scrotum and penis, and some difficulty in urinating. Jany. 27th Oedema diminished, a moderate incision made in the prepuce to allow a more effectual use of Lead and opium lotion, ~~used also externally~~. Jany 28th Oedema greatly increased, no pain, urinates pretty freely; pulse 100 and very weak, buboes discharge very freely, pus very offensive, no urinous smell. Died Jany 28/66 6 P.M.

Autopsy 18 hours after death; a well formed dark mulatto man, 5 ft 6 inches high, weight about 130 pounds, rigor mortis well marked, some emaciation, Scrotum and Penis much enlarged; a bubo in each groin, which had been opened and discharged.
1 Brain weighed 42 ounces, normal; 2 g of fluid in posterior fossae of cranium.
Right lung weighed 12 ounces and normal. Firm pleuritic adhesions at all points. Left lung weighed 18 ounces slightly adherent. No effusions. Heart weighed 11 ounces, flabby, with an abundance of adipose tissue on its surface, all the valves slightly thickened; Anterior wall of right ventricle contained a soft tumor the size of a pigeon's egg, the surface of which was much congested, the tumor itself being quite firm and hard. Pericardial sac contained about 8 ounces of clear serum.
Liver weighed 62 ounces, anterior surface of a reddish brown, under surface of a dark purple color, on section presented the nutmeg appearance, and very fatty. Gall bladder full of bile. Splem small, weighed 3 ounces of a light mouse color externally, on section of a pinkish color and very soft. Right kidney weighed 6½ ounces, congested, and fatty. Left weighed 7 ounces, and fatty. Supra renal capsules large. Pancreas large, weight 4 ounces. Stomach somewhat congested. Peyer's patches in the Ileum, presented the shaven-beard appearance, from deposit of black pigment. Length of large intestine 4½ feet, of small intestine 27 feet. Bladder distended with urine.

No 742. Abscesses of the Liver

64 § 56

8190

Presented by Surgeon Samuel Kneland U.S.V.
Post Hospital, Mobile, Alabama.

Central portion of the Liver, with abscess cavities and lymph adherent to the surface.

History –
Louis Ritt, aged 50 years, a native of Germany formerly a wealthy merchant of Rio Janiero, 11 years in the United States, and over 2 in the U.S. army, a man of intemperate habits, was admitted to post Hospital Mobile Ala., Nov. 23rd 1865, having been indisposed for several weeks.
Condition on entrance – Very weak and anaemic of a pale yellowish waxy hue, gums pale, skin flabby, dry and harsh, abdomen much swollen and pendulous, the dull sound of the liver extends upwards to the right mammae and but little below the edge of the ribs. He feels a great uneasiness and fullness in the region of the liver, pain and ~~pressure~~ tenderness upon pressure, when breathing deeply or coughing; is unable to lie on the right side. Frequent, short, and dry cough. No anasarca. He complains of weakness, abdominal fullness, feeling of weight in region of liver, great thirst, loss of appetite, and eructations of wind; has had no passage from bowels for 8 days, and has generally been much constipated. Blue mass and Calomel each seven grains, produced two very copious ~~brown~~ feculent, ~~brown~~ stools. Nov. 26th Feels easier, has less pain and distension, and less thirst, but a sharp pain follows a deep inspiration or cough; given 2 grains of Sulphate of Quinine 3 times a day for 2 days. Nourishing diet – oyster soup, eggs, beef-steak. Nov. 27th A half ounce of Castor Oil, produced several greenish stools, of a penetrating odor. Nov. 28th Can lie on right side, the pain and cough having much decreased, abdomen less

hard, but still much distended. No thirst; but appetite poor, mind depressed, and patient morose; given 5 grains of Citrate of Iron and Quinine after each meal, for a week. For the constipation, every other day either half a ounce of Castor Oil or a Seidlitz powder. Thus produced slight greenish discharges, of a very penetrating odor. Stimulants milk punch, sherry wine, Ale or Porter, as freely as he wishes.
Dec. 2nd Though the appetite is somewhat improved, he feels rather weaker, hiccough frequent, light and insufficient sleep; given 5 grains Extract of Hyoscyamus every night.
Dec. 12th since the last 2 days, his weakness has much increased, unable to get up without help, has complained several times of feeling chilly, Cheeks and eyelids oedematous, tongue dry, complete anorexia, very somnolent. In the right Hypochondrium appeared a large tumor very obvious to the eye, extending from the ribs an inch downward, below the line of the navel; to the touch, it feels rather soft, Knobby, not distinctly limited, and tender upon pressure; integuments are oedematous, Urine not albuminous, stools slight, consisting of small clay-colored lumps, mixed sometimes with a little blood, and a few drops of a puriform fluid.
Decr. 13th Tumor extends down into the Hypogastrium, and is the seat of a dull aching pain. Patient sinking rapidly.
Dec. 14. Died at 12 O'clock M.
Autopsy - two hours after death.
Extensive Cadaveric congestion (hypostasis). Offensive odor, Abdominal integuments oedematous, very fatty, while the extremities are emaciated; On opening the peritoneal cavity a brownish pus poured out, mixed with blood, resembling the pus of a phlegmonous abscess; quantity of the fluid in peritoneal

cavity, amounted to about 2 gallons; opposite peritoneal surfaces were adherent to each other, mesentery, intestines, and omentum, coated with abundant layers of organized lymph, adherent together by it containing much fat. Transverse colon as low down as naval. After much trouble, the liver was separated from its adhesions, and the hand entered between the liver and the diaphragm, into a large sac containing pus, by which the diaphragm was elevated as high as the nipple. The left lobe of the liver, enlarged, nearly reaching the spleen, rather soft and of a yellowish color; on its cut surface, (yellow and whitish with numerous dark points, (drops of blood from the divided vessels) it greased the blade of the knife. Right lobe coated with exudations, dark in color, friable, and softer than in health, with blunt edges, and of irregular shape. On its right superior edge, was an unopened abscess, of the form and size of a large orange, 4 3/8 inches in diameter, containing thick genuine pus; close to this and separated only by a very thin wall, was a second abscess, with an opening of the size of a half dollar in the middle of it, though nearest to the posterior margin of the convex surface. The pus found in this abscess, was of the same character as that found in the abdomen; cavity of this abscess about 4 3/8 inches by 5 3/4 inches, irregular, and lined with a thick pyogenic membrane; at least 3/4 of the substance of the right lobe was destroyed.

Splem smaller than usual, and shrunken; its coat wrinkled, its edges somewhat indented, its cut surface normal. other organs not examined or found normal.

No. 7743.
66 S 2840

8191

Paraphlegia from tuberculous caries of the dorsal vertebrae.

Presented by 1st Lt. Col. Edwin Bentley Surg U.S.V.
Alexandria, Virginia.—

The 6th to 10th dorsal vertebrae, with parts of ribs attached, masses of softened tubercular matter on each side, between the 6th and 7th dorsal vertebrae; the bodies of these vertebrae carious; the spinal canal has been laid open, exposing the cord, which does not however appear to have suffered any actual compression.

History—

Daniel Brown (colored), aged 23 years, single, a native of Va., was admitted to Contraband Hospital Alexandria Va. June 3rd 1863. On careful examination, he was observed to have the symptoms of Dyspepsia; other than these there were little worthy of notice, and the case was treated accordingly. In the course of a few weeks, he seemed greatly relieved, and in every respect there was decided improvement in his condition; he was able to take free exercise in the open air, and to render some assistance in the ward, and the most complained of was debility.

Notwithstanding the use of quinine and other tonics, Cod liver oil, and whiskey, a nutritious diet, and exercise daily out of doors, he continued weak, without any perceptible cause, and about the first of September, there was a manifest aversion to take exercise, and an increased loss of muscular power, with signs of inability to use the lower extremities; he was inclined to bend forward, and had some pain in the back, and tenderness on pressure over the 6th and 7th dorsal vertebrae. About the first of October, there was manifest paraplegia, the loss of motion being far greater than that of sensation.

and in the course of a few weeks, the limbs were completely paralyzed, that is so far as the power of motion was concerned, and the most appropriate means had thus far proved unavailing. The pain and tenderness in the region of the back, above noticed had become increased, the appetite good, the pulse 80, and of fair strength; the bowels were unusually constipated, but the urine was passed involuntarily. Bed-sores about the hips and sacrum, almost imperceptible occurred, although great pains were taken to keep the patient out of bed as much as possible, and other means were used to avoid this unpleasant state of things.
He continued in this condition, or with little change, until the 15th. of December, when he lost his appetite, the pulse became small and weaker, and there was a decided failure of the vital forces; he gradually and steadily lost strength, and Died Dec. 29th. 1865.
Autopsy 31 hours after death. Head was of peculiar shape; the antero-posterior diameter was great compared with the lateral, which was very small. Brain more than ordinarily hard, the medullary substance unusually white, the lining of the lateral ventricles had an icteroid hue, otherwise normal; on laying open the thoracic and abdominal cavities, there was observed a very marked yellow color of the pleura, peritoneum, and even the muscular tissue partook of the same appearance. The upper and middle lobes of the right lung, firmly adherent to the side. In the posterior part of the middle lobe, there was a tubercular cavity, and the surrounding lung tissue hardened! The left pleural cavity, contained 16 ounces of yellowish serum, the lung was firmly adherent at the apex, and over the greater portion of the upper lobe, not

attached, there was a deposition of yellowish lymph; in the posterior upper part of the lower lobe, was a cavity from softened tubercles, and the neighboring lung tissue, was hardened and attached to the sides of the vertebras. On either side of the bodies of the 6th and 7th vertebras, there was a considerable depsit of tubercular matter, in a state of softning. These bones were denuded, and in a carious condition, and the anterior part of the spinal cord at this point, was attached to the front part of the canal, and in a diseased state.
Heart, Liver, and Splen, normal. Kidneys had a slightly fatty appearance. Other Abdominal viscera normal. Bed sores about the hips and Sacrum, very extensive.

No. 7HH. 7H3. Abscess of right lung; enlarged Spleen with tubercles; from a child.
63529 64573/14
8192 to 8193

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

No. 7HH. Left Lung coated with lymph; in the posterior portion of Lower lobe, an abscess, the size of a pigeon's egg.

No. 7H3. A Splen enlarged, with a number of small tubercles; on the lower part of convex surface an Opaque patch.

History-
A negro boy 2½ years of age, the child of a patient in the Freedmen's Hospital, named Peck; former history and treatment not given.
Died Feby 19th 1866.
Autopsy Feby 20th about 24 hours after death;

considerable emaciation, no rigor mortis. The head was not examined. The right lung was found to be normal; the left lung was firmly adherent to pleura costalis by bands of organized fibrin, the lower lobe contained an abscess about the size of a pigeon's egg the whole lung contained much tubercular matter. The pericardium contained about an ounce of serum; the heart large, dark and congested, presenting an ecchymosed appearance on its anterior surface. Liver presented a dark brown color, and showed a few minute tubercles on its anterior surface, and was congested. Spleen large, contained numerous large tubercles. Kidneys and intestines showed no important lesions.

No. 746.
64 87/151
8194

Extremely small Spleen.

From Autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

Spleen extremely small, weighing ½ an ounce.
History—
Harvey Nelson, age 21 years, admitted to hospital, Dec. 16th 1865. Diagnosis - Acute Bilious Pleurisy. Died Feby. 26th 1866.
Autopsy 40 hours after death; 5 ft 10 inches in hight, weight about 150 pounds, rigor mortis partial. Cerebrum weighed 45 ounces; Cerebellum 5½ ounces; substance of brain very firm, all its membranes and substance decolorized, Choroid plexus pale, one drachm of fluid in each lateral ventricle, one ounce of fluid in Arachnoidal space, 2 oz. of clear serum in Cerebellar fossae. Dura mater thickened. Right lung firmly adherent posteriorly,

weight 22 ounces, coated with a thick coating of yellow serum, lower lobe oedematous, one ounce of fluid in pleural cavity, the pleura costalis was covered with a coating of semi-solid yellow matter. Left lung weighed 25 ounces, condition the same as right, one ounce of fluid in pleural cavity, numerous adhesions of left pleura. Pericardium contained 6 ounces of clear serum. Heart large, weighed 25 ounces, fatty, coronary vessels much distended with a light colored fluid, a fibrinous clot 3 ounces in weight in right auricle, right ventricle much dilated, walls thin, Columnæ carneæ very prominent, endocardium thickened, organ oedematous. Liver very large, weighed 81 ounces, presented a bronze color on both surfaces, on section was of a reddish-brown color. Spleen very small, weighed half an ounce. Pancreas weighed 5 ounces, large and firm. Kidneys each weighed 8 ounces, on section presented a reddish ground, with crimson dots over its entire surface. No line of demarkation existed between the cortical and medullary portions, organs very fatty. Intestines appeared normal, except a slight thickening of Peyer's patches, in the lower portion of Ileum. Large intestine 6 feet in length, small intestine 32 feet. Bladder normal, all the viscera destitute of blood.

No. 747.

Enlarged Bronchial glands.

From autopsy made at the Freedmen's Hospital Washington D.C. by Dr. Samuel S. Bond.

Trachea and Bronchi, with Bronchial glands enlarged to the size of goose eggs, some of them softened into abscesses.

History by Dr. Ellis-

Raleigh Adkins, age 26 years, admitted to hospital Feby 7th 1866. Died Feby 19th 1866. Had cough, pain on pressure in right side, over ribs and sternum, dullness on percussion over apices of both lungs, tongue dry and brown, Feby 16th pulse quite feeble and quick, patient lay with his mouth open, milk punch, beef tea, and extra diet given. Autopsy 24 hours after death; a well-formed negro man, 5 feet 8 inches high, weight about 130 pounds, rigor mortis well-marked in lower extremities, none in upper. Dura Mater considerably congested, Cerebrum weighed 48 ounces, pia mater much congested, half an ounce of fluid in each lateral ventricle, choroid plexus very pale, fornix softened, substance slightly congested and softened, pineal gland enlarged, Cerebellum weighed 5 ounces, slightly congested, an ounce of fluid in posterior fossae of cranium. Left lung weighed 25 ounces, posterior portion congested, upper portion contained some tubercle, no effusions or adhesions. Right lung weighed 32 ounces, a vomica of considerable size at the root of the lung, congested throughout, and filled with grey tubercle, no effusions or adhesions in pleural cavity. Pericardial sac contained 4 ounces of fluid. Bronchial glands enlarged to the size of goose eggs, and contained much

tubercels, the two larger ones softened into abscesses. Heart large, dark, and congested, weight 11 ounces, small washed clots in all the cavities. Liver weighed 70 ounces, dark, mottled slate color externally, on section presented the nutmeg appearance, contained tubercles. Splen weighed 14 ounces, of a dark chocolate color, and filled with tubercle. Supra-renal capsules very large. Right Kidney weighed 4½ ounces, and congested; left Kidney weighed 5 ounces, congested; both Kidneys fatty. Stomach slightly congested near Pylorus. Small Intestines much congested; much depsit of black pigment throughout. (Peritoneal coat of bladder, congested.) Length of small intestines 24 feet, large intestines 4½ feet.

Examined here

Nos. 748. 749. 750.
643: 822-23-24
8196 to 8198

Enlarged Solitary follicles of Ileum.

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

Successive portions of the Ileum, the last taken just at the Ileo-cæcal valve, with progressively enlarged solitary follicles; within fresh the Peyer's patches presented the shaven-beard appearance.

History

Charles Greene, admitted to hospital Feby 20th 1866, with pain in the stomach, and tumefied abdomen. Diarrhœa. Died Feby 22nd 1866. Autopsy 18 hours after death; a well-formed negro man, 5 feet 7 inches high, about 20 years of age, weight about 150 pounds.

rigor mortis well marked, no emaciation.
Cerebrum weighed 47 ounces, 2 drachms of fluid in each lateral ventricle, Chorroid plexus very dark, and congested, Pineal gland slightly enlarged. Substance of Brain firm and congested, Cerebellum weighed 6 ounces, substance very firm, membranes of brain congested, 2 oz. of fluid in Cerebellar fossae. Right lung weighed 17 ounces and normal. Left lung weighed 35 ounces, lower lobe in a state of gray hepatization, slight adhesions of the left pleura.
3 ounces of serum in pericardial sac. Heart weighed 15 ounces, dark and congested, all the cavities contained firm white fibrinous clots, heart fatty. Liver weighed 57 ounces, presented the nutmeg appearance, and very fatty, gall bladder full. Splen weighed 7 ounces, of a chocolate color externally, covered with brown spots, reddish brown color internally, and congested. - a Supernumerary* similarly conditioned Splen, the size of a pigeon's egg, adjoining the normal Splen. Pancreas normal, weight 4 ounces. Kidneys each weighed 6 ounces and fatty. Intestines throughout distended with flatus, solitary follicles of lower portion of Ileum enlarged, and excessive deposit of pigment in Peyer's patches, giving the shaven beard appearance; large intestine healthy; length of large intestine 5½ feet, of small intestine 33 feet. Urino-Genitals normal.

752 - 6484 E12
753 - E13.

6484 E11
Nos 751 To 755. 6652 Mus. S. General Tuberculosis.
754 - 8555 E1
8199 to 8203

From Autopsy made at Freedmen's Hospital, Washington D.C. by Dr. Samuel S. Bond.

No. 751. 8199 Some Knuckles of small intestines, presenting several pedunculated tubercles, some of which have undergone cretefaction; in the mesentery is a fulteaceous semi-cretefied mass of tubercular matter or altered pus, the size of a pigeon's egg. Hanging by a separate thread, is another semi cretefied mass, from another portion of mesentery.

No. 752. 8200 A portion of colon, with meso-colon attached; in the meso-colon, a mass similar to those in the last specimen; several delicate adhesions connected with the side of the colon.

No. 753. 8201 The Bladder and internal organs of generation, the two ovaries connected by adhesions, several masses of cretefying tubercle connected with them; the uterus small.

No. 754. 8202 External organs of generation, from same case, showing the hymen.

No. 755. 8203 Tubercular caries of the Dorsal and Lumbar Vertebrae & Pelvis of this case see No. 777. (on page #657).

History

Alice Pollard, age 15 years, admitted to hospital, Janry 22nd 1866, Diagnosis - Scrofulous abscess, and Scrofulous disease of the hip joint. Treatment Syr. Iodide of Iron, Cod Liver Oil, and Whiskey; administered afterwards Iodide of Potassium.

Died March 9th 1866.

Autopsy 6 hours after death, height 5 feet 3 inches, weight about 60 pounds, extreme emaciation, rigor mortis partial, opening of abscess over right Iliac region not connected with hip joint, a similar one on

Left thigh, outer aspect, four inches below great trochanter; bedsores over back and buttocks; hip joint healthy.

Cerebrum weighed 37 ounces, substance very pale and soft, 4 drachms of fluid in each lateral ventricle, Choroid plexus pale, Cerebellum pale and very soft, weight 5½ ounces, one ounce of fluid in cerebellar fossæ. Right lung weighed 12 ounces, slight congestion of posterior portion, slightly adherent to pleura costalis, Left lung weighed 7 ounces, coated with lymph, posterior portion slightly congested; 4 oz of fluid in each pleural cavity. Heart weighed 7½ ounces, apparently healthy. Liver apparently healthy, Spleen weighed 9 oz and softened, Right Kidney much congested and contained a cyst filled with cheesy matter, Left Kidney congested.

Intestines not examined. Many collections from the size of a pea to that of a walnut, of semi-solid purulent matter, partly cretified, in connection with abdominal cavities; cretified tubercles(?); mesenteric glands much enlarged. An abscess in the sheath of left psoas muscle, connected below with the abscess on the thigh above with superficial caries of the third fourth and fifth lumbar vertebræ.

Nos 756. 757. Typhoid Pneumonia (?) Horseshoe Kidney.
6453 525 15518

8204 & 8205 From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

No. 756. A portion of Ileum taken just at Ileo-cecal valve, with enlarged Solitary Follicles; very slight thickening of the Peyer's patch above the valve.

No. 757. Horseshoe Kidney; the fusion has taken place at the lower extremity, one ureter on each side.

History by Dr. Ellis -

George Armor, age 38 years, teamster, admitted march 9th 1866, complained of intense pain in forehead, in right hypochondrium, extending up the back to right scapula, tongue coated with a thick brown fur, no appetite, bowels constipated; cathartics were administered, and a blister applied to right side over the seat of pain, afterwards a mixture of dilute Nitric Acid was given. March 12th pain increased, patient continually shrieking; a mustard poultice was applied to this side and abdomen, which he would not allow to remain, continuing it increased the pain. Died March 14th 1866, at 11 Oclock P.M.

Autopsy 13 hours after death - a well formed mulatto man, toes of ~~left foot~~ right foot, also 2nd and 3rd phalanges of left foot ~~missing~~; all the toes of right foot absent (see surgical series No 939) - height 5 ft. 8 in, weight 150 pounds, rigor mortis well marked. Dura mater slightly congested, cerebrum weighed 48 ounces, membranes congested, slight effusion beneath the arachnoid, no effusion in lateral ventricles, lining membrane slightly thickened, choroid plexus dark and congested, spinal

939 - 23 - B - D - 3

gland very small, substance normal, Cerebellum weighed 6½ ounces, membranes congested, substance slightly softened, medulla very firm, 2 ounces of bloody serum in posterior cerebellar fossae.
Right lung weighed 18 ounces, covered with lymph, and slightly adherent, lobes firmly adherent to each other, entire lung in a state of red Hepatization; left lung congested, posterior portion hepatized, anterior portion slightly emphysematous, whole lung covered with lymph, weight 25 ounces, no effusions in pleural cavities. Pericardial sac contained 16 ounces of serum, external surface covered with lymph, internal surface congested. Heart large, dark, and firm, weight 16 ounces, organ somewhat congested, left ventricle walls thickened, valves normal, buff clots in all the cavities. Liver weighed 76 ounces, upper surface of a mottled ochre and reddish brown color, internally nutmeg appearance, very fatty, gall bladder full. Spleen weighed 13 ounces, of a chocolate color externally, capsule thickened in a few places, internally of a reddish brown mottled with white, substance firm. Pancreas weighed 4 ounces, firm. Stomach, mucous membrane thickened and somewhat congested; mucous membrane of small intestine thickened and congested; in the lower portion of the Ileum the solitary follicles were enlarged and congested; Peyer's patches very slightly thickened and presenting the shaven-beard appearance, also dark and congested. Large intestine showed the mucous membrane slightly thickened, otherwise normal. Length of large intestine 5½ feet, small intestine 29 feet. Horseshoe (fused) Kidney, weight 20 ounces; 2 ureters and 2 suprarenal capsules. Other urino-genitals normal.

No 758.
6595 85

8206

Gravid Uterus, Seven and a half months, with Foetus and membranes, in situ.

Presented by Bvt. Maj. and Asst. Surg. Dewitt C. Peters USA in Charge of Post Hospital Fort McHenry Md.

Mrs------, age about 30, pregnant for the third time, had Intermittent fever at the begining of her present pregnancy, and took Sulphate of Quinine, both by mouth and rectum, in large doses.
Dec. 25th 1865 she had a slight recurrence of the febrile paroxysms, with irregular uterine pains; by absolute rest these subsided. Febry. 20th she sent for me, & found her prostrate, a feeble pulse, dyspnoea and general anasarca; under stimulants and concentrated diet she rallied somewhat, but March 1st the membranes ruptured, and I found the Os-uteri dilated to an inch in diameter, and very flabby, little or no pain, no movement had been felt in the child for 48 hours previously.
Ergot and Brandy were given freely, the uterus did not respond promptly, but its contractions were sufficient to force the vertex into the superior strait, beyond which it did not progress; the patient was so feeble, that instrumental interference was considered out of the question, and she died after having been in labor a few hours.
Autopsy - a considerable quantity of serum in the abdominal cavity, some peritoneal inflammation, splen enlarged and dark, Liver large and gall bladder distended. (A microscopic examination of blood from a vein on the surface, showed a preponderance of white corpuscles, and globules of pus mingled with them).
Note by Dr. Woodward. The uterus was perfectly

healthy, the placenta adherent, the cord twisted ~~twice~~ around the child's neck; of course the globules of pus mentioned, were white corpuscles, and the case was one of Leucocythemia, connected with the former intermittent, and enlarged Spleen.

No 759. Hypertrophy of Bladder, enormous cyst-
65 83 a6 -like distention of the ureters.

8207

Presented by Dr W. M. Ford, Surgeon,
Providence Hospital Washington D.C.

The urinat-genital organs, presenting the following conditions; pulves of both Kidneys distended; ureters thicker than a man's thumb; just above its entrance into the bladder, the right ureter distended into a cyst the size of a childs head; the left ureter at a corresponding point, distended into a cyst the size of a man's head; bladder with the muscular coat much thickened, and disposed in interlacing bands; urethra free from stricture; prostate not materially enlarged; the patient, who was an old man, was received into Providence Hospital March 1866, suffering from retention of urine; a huge tumor, ~~naturally~~ apparently supposed to be the enlarged bladder, was felt in the lower portion of his abdomen; after vain attempts to pass the catheter into the bladder, it was decided to puncture the bladder through the rectum, which was accordingly done, and nearly two gallons of urine drawn off; the patient however did not rally, and died a few hours after

the apuration. The autopsy showed that the trocar had ~~perforated~~ penetrated the large cyst on the left side; the efforts at catheter-ization, had somewhat lacerated the membranous portion of the urethra; the difficulty of catheterization had arisen from the bladder being pushed up in the pelvis by the enormous cyst like distension of the ureters, but the autopsy threw no light on the nature of the obstructions, by which the primary disease of the passages was induced.

No. 760. Middle commissure of third ventricle of
6|81|A1 Brain, double.
8208

Presented by Dr. J. G. Keller, a.a.S. U.S.A.
National General Hospital, Baltimore, Md.

Nathan M. Hildreth Co. B. 9th N.Y. Vols, age 21, died of Pyaemia, following amputation of thigh, for Gun shot wound, March 4th 1865; there were purulent foci in the lungs, a large clot in the right side of the heart, a small one in the left, an abscess in the liver, spleen weighed 12 ounces, the brain contained clear serum in both lateral ventricles, the posterior cornu on the left side extended back an inch farther than on the right, the corpus callosum was thin and soft; the brain in other respects was healthy, except a double soft commissure in third ventricle; weight of brain 3 lbs 7 ounces.

Note by Dr. Keller. Hildreth appears to be more than ordinarily intelligent.

See Observations Book of Surgical cases 5 5.

See Specimens 1504 XIX b B.b. 1. and 1595 XVIII. H. A.B.c.9. Surgical series

No. 761.
6181161

8209

Abscess of left corpus Striatum, after Erysipelas.

Presented by A.A. Surgeon, E. C. Seguin, U.S.
General Hospital Little Rock, Arkansas.

Left Corpus Striatum, in which is an abscess cavity, the size of an English walnut; the abscess had opened into the left ventricle.

History —

A man, evidently worn down by exposure and Scorbutis, was admitted into this Hospital, in Feby. 1865, with Phlegmonous Erysipelas, involving the left elbow and forearm; after making free openings, and the use of Tincture of Iron, this subsided, but meanwhile facial erysipelas set in. While convalescent from this latter attack, Paralysis of the entire right side, developed itself; there was no paralysis of the facial muscles. Coma, a pulse of 50 beats per minute, widely dilated pupils, and the other signs of compression of the brain, presented themselves. No convulsions occurred. Asst. Surg R. M. Lackey U.S.V., in charge of hospital, saw the patient and diagnosticated, Abscess of the brain, left side. Here it is amazing that no history for or against Pyaemia can be made out; the ward Surgeon knew only of the occurrence of chills, but whether regular or not, he could not state; he gave large doses of Sulphate of Quinine for this symptom. Death took place on the third day, of coma.

Autopsy March 19th 1865, 20 hours after death. Rigor cadaveris almost null, skin not jaundiced; on removing the healthy calvarium and membranes, the convolutions on the left side, were found very much flattened; the brain was carefully sliced under water, and nothing abnormal was

detached, until the upper wall of the left ventricle was removed, when that cavity was found filled with greenish foetid pus. The ventricle on the right side was found to contain no pus, but some turbid serum, thus showing the septum lucidum to be intact. The pus was carefully removed by washing, and it was found to have proceeded from a distinctly encysted abscess in the substance of the left corpus striatum. As shown in the specimen, the brain substance surrounding the abscess, was thickened and hardened, and of a yellowish tint, while the interior of the cavity was lined by something very much like a membrane. The lining tissue of the ventricular cavity, was also slightly thickened, and considerably vascularized. The remaining parts of the brain, were healthy; the lungs, heart, liver, spleen, and kidneys, were examined, but no pyaemic lesions, were found.

No. 762 - 763. Enlargement of Solitary follicles of the Ileum.
6453 & 86 6455 86 Tubercles of the Liver.

8210 to 8211 66.
½ duplicate

From autopsy made at the Freedmen's Hospital, Washington D.C. by Dr. Samuel S. Bond.

No. 762. a portion of Ileum, showing somewhat enlarged Solitary Follicles.

No. 763. a section of Liver, with small tubercles scattered through its substance.

History by Dr. Ellis - Richard Raystow, age 19, admitted Feby. 8th. 1866. Diagnosis Consumption.

Treatment - Extra diet, Cod Liver oil, and whiskey. Died March 10th 1866.
Autopsy ~~hours after death~~; a negro man, 5 ft 8 inches high, weight 150 pounds, Rigor mortis well marked, no emaciation. Dura mater slightly congested, cerebrum weighed 39 ounces, membranes congested, slight effusion beneath the arachnoid, half an ounce of fluid in each lateral ventricle, choroid plexus somewhat congested, lining membranes of lateral ventricles slightly thickened and congested, substance of brain firm; Cerebellum 6 ounces and normal; 2oz of fluid in posterior fossae of Cranium. Right lung 20 ounces, upper lobe contained a few small vomicae near root of lung, posterior portion of lung slightly congested, and contained some tubercles. Left Lung 18 ounces, posterior portion slightly congested, contained some tubercles; 2 ounces of fluid in each pleural cavity. Pericardial sac contained 18 ounces of a pus-like serum, with much flaky lymph floating freely in the fluid, patches of lymph adherent to pericardium, on both its ~~direct and reflected~~ surfaces & deposit of tubercles in bronchial glands. Heart 12 ounces, white clots in all the cavities, endocardium thickened, valves normal, organ covered with a thick coating of lymph. Liver 62 ounces, left lobe pale and fatty, right lobe congested, mottled externally, nutmeg appearance on section, and studded with tubercles; Gall bladder contained 2 drachms of viscid bile. Spleen weighed 12 ounces, and filled with tubercles. Pancreas 4 ounces and normal. Right Kidney 6 ounces, very much congested, and slightly fatty; left Kidney 6 ounces, and in same condition as right. Stomach slightly congested; Peyer's patches [illegible]

the shaven-beard appearance throughout the Ileum; the solitary follicles enlarged, particularly in the lower portion of Ileum, near the Ileo cecal valve; the solitary follicles of the large intestines, enlarged, and intestine stomach a few small ulcers. Length of Large intestines 6 feet, of small intestines 25 feet. Bladder distended with urine.

No 764. 765. 1454 & 17 1455 & 7

8212 & 8213

Tubercle on peritoneal surface of small intestine, and of the Liver.

From autopsy made at Freedmen's Hospital Washington DC. by Dr. Samuel A. Bond.

No 764. A portion of Ileum, taken just above the Ileo-cecal valve, showing a number of tubercles on the peritoneal surface.

No 765. A section of right lobe of Liver, with Miliary tubercles scattered through its substance.

History by Dr. W. B. Ellis.

Willis Coates, aged 27, admitted Nov. 28. 1865, with contused wound of face; was on light duty in hospital until March 16th 1866, when he was attacked with Chills and fever, the paroxysms returning every day until the 19th, at noon of which day he died. No cough; dullness on percussion over the praecordial region; Quinine and Milk punch were given; patient had weak mental faculties.

Autopsy 24 hours after death; a well formed mulatto man, 5 feet 8 inches high, approximate weight 130 pounds, some emaciation, rigor mortis partial.

Cerebrum weighed 42 ounces, slight effusion beneath the Arachnoid, some congestion of the membranes, 2 drachms of serum in each lateral ventricle, Choroid plexus congested, pineal gland small, Substance of brain firm, cerebellum weighed 6 ounces, slightly softened; 2 ounces of serum in posterior fossae of Cranium.
Right lung 34 ounces, posterior portion congested, anterior portion hepatized, whole surface of lung covered with a thick coating of lymph, and contained milliary tubercle.
Left lung 19 ounces, covered with lymph, lobes firmly adherent to each other, posterior portion congested and contained milliary tubercels; 2 ounces of fluid in the right pleural cavity, none in left.
Bronchial glands enlarged and filled with tubercle. Pericardium contained 12 ounces of serous fluid. Heart 11 ounces, and normal. Liver 64 ounces, of a dark brown color externally, right lobe firmly adherent to diaphragm, dark brown color internally, and contained much milliary tubercles. Spleen 15 ounces, filled with tubercles, of a chocolate color externally, and dark brown internally; the large tubercles softened, and broken down in the centre. Pancreas 4 ounces and normal.
Right Kidney weighed 6 ounces, dark and congested, and very fatty; left same weight and condition. Other urino-genital organs normal.
Mesentery filled with tubercles. Stomach, Duodenum and Jejunum, mucous coats thickened and congested; solitary follicles enlarged in the Ileum, and numerous tubercles on the peritoneal surface, thickening of mucous coat, and pigmentary deposits throughout the whole tract of Large intestine; a few healed ulcers in lower colon; length of the large intestine 4½ feet, of small 20 feet.

No. 766.
65518B.

8214

Acute Bright's disease.

Presented by Surgeon Edwin Bentley. U.S.V.
Alexandria General Hospitals. Va.

Both kidneys much enlarged, weight of each 8 ounces; when received fresh, these kidneys were of a yellowish fawn color, mottled with reddish streaks, and spots of congestion; the epithelium of the tubuli uniniferi, exceedingly granular, with numerous free oil drops.

History by Dr. Bentley—

George Montague, Corpl. Co. K. 19th Ohio Infty, was admitted to Hospital Dec. 8th 1865, from his regiment, suffering with acute Rheumatism. He had been under treatment at regt Hospital, 8 days; for 2 weeks previous to the attack, he had been intoxicated most of the time. When admitted, his left lower extremities was very much swollen, and painful, left elbow and wrist tender and painful; four wet cups had been applied to knee joint, and skin about the joint covered with mercurial ointment; tongue dry and dark brown, Stomach and bowels irritable, abdomen hympanitic, stools frequent, light colored, and watery, Pulse low and weak, skin dry, mental faculties dull. Treatment—effervescing draught, to be followed by 8 drops of fluid extract of Colchicum, and one third of a grain of Sulphate of morphine every four hours, with Tea and toast diet. Dec. 9th, had vomited twice during the night, passed no urine since admission, half an ounce of mucous and, urine ~~was~~ obtained by use of catheter; effervescing draught given, followed by pills containing 1 grain of Opium, 1 grain of Ipecac, 2 grains of Calomel,

every four hours. Dec. 10th. Passed the catheter, but found total suppression of urine, bowels moved twice during the night, stools more consistant, but light colored. Barley water for drink, warm fomentations to abdomen, mustard to spine, treatment of the 9th continued, with half a drachm of Spirits of nitre, and half a drachm of fluid extract of Buchu, every 3 hours. Dec. 11th Catheter passed, but no urine in the bladder; patient was aroused with difficulty. Pulse scarcely perceptible at the wrist. Warm hip bath, & dry cups to spine and region of kidneys, the Spirits of nitre and Extract of Buchu was continued, and half an ounce of Brandy every hour. Beef essence for diet. Patient died at 7 O'clock P.M.

Autopsy 18 hours after death; the whole surface sallow; a considerable amount of adipose tissue on chest and abdomen; old pleuritic adhesions at posterior portion and apex of right lung; a portion of middle lobe of right lung hepatized, and old cicatrices on anterior surface. Heart very large, otherwise normal. Liver fawn colored and enlarged. Spleen large and firm. Kidneys large and mottled on surface. Descending colon contracted, and contained several small blood coagula, but not ulcerated. Bladder firmly contracted, contained no urine. Brain congested.

1645 to 1655 1645 to 1655

№ 767. 768 769. 1645 to 1671

Tubercles of Spleen. Cysts of Stomach. General Tuberculasis.

8215 to 8217

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel. S. Bond.

№ 767. Spleen of great size, and filled with Miliary tubercles.

№ 768. A portion of Stomach, taken near pyloric orifice, presenting a cyst with thick walls, the cavity about the size of a pea, contained pus. See Microscopical Section, Nos. 1327 to 1329 and 1343 to 1345.

№ 769. Caecum with large sloughing ulcer.
John Walker, age 23, a native of Virginia, admitted Janry. 10th 1866. Diagnosis-Jaundice; had cough. Died March 20th 1866.
Autopsy 30 hours after death; a well formed Mulatto man, 5 feet 11 inches high, weight about 180 pounds. Oedema of abdomen, slight oedema of lower extremities, rigor mortis partial.
Brain weighed 44 ounces, membranes finely congested, otherwise normal; one ounce of serum in posterior fossae of cranium. Left lung weighed 27 ounces, posterior portion congested, contained much miliary tubercle, 4 ounces of fluid in left pleural cavity. Right lung, lower lobe firmly adherent to pleura costalis, lung weighed 32 ounces, posterior portion slightly congested, whole lung filled with miliary tubercle, 16 ounces of fluid in right pleural cavity. Bronchial glands filled with tubercle. Heart weighed 14½ ounces, dark, with an abundance of adipose tissue on the anterior surface, bicuspid valve slightly thickened, Walls of left Ventricle 1½ inches in thickness, Aortic & mitral valves slightly thickened, also the ~~mitral valve~~, Aorta atheromatous, fibrinous clots in all the cavities, endocardium

slightly thickened, organ somewhat fatty. Pericardium contained 8 ounces of serum. Liver weighed 74 ounces, dark bronze color externally, light brown internally, covered and filled with miliary tubercles, gall bladder filled with viscid bile.
Spleen very large, weight 54 ounces, chocolate color externally, and reddish brown internally filled with miliary tubercles.
Pancreas 6 ounces, very pale, otherwise normal. Omentum filled with tubercle, and congested. Mesenteric glands enlarged and filled with tubercle. Abdominal cavity contained 4 pints of serum; the connective tissue of abdominal viscera infiltrated with serum. Stomach, mucous membrane much thickened; near the pyloric orifice was found a cyst the size of a large pea filled with pus; the mucous coat of the small intestine thickened throughout; in the lower portion of Ileum, the solitary follicles were much enlarged and Peyer's patches thickened. Caecum showed numerous sloughing ulcers; the balance of large intestine contained much pigmentary deposit, the transverse colon was much contracted, the sigmoid flexure much distended, no ulceration below the caecum. Kidneys each 6 ounces and fatty, remainder of Urino-Genitals normal.

No. 770.
61862.
8218

Tubercular tumor of brain. (Glioma?).

Presented by Brt. Lt. Col. E. Bentley, Surg. U.S.V.
In Charge of Hospitals at Alexandria Va.

A portion of right anterior lobe of cerebrum, containing an irregular lobulated tumor, about the size of a walnut, which on its surface, was crated with a layer of immature connective tissue, and on its interior, presented the anatomy of tubercle (chronic)
History by A. A. S. Lewis Hearde U.S.A.
Ralph Sykes, colored, age 25 years, was admitted to L'Ouverture Hospital, Feby. 22nd 1866.
On examination, this patient was found to be greatly debilitated, pulse small weak and very frequent, tongue slightly crated, breathing short and difficult, abdomen considerably enlarged, with decided fluctuation, feet and legs oedematous, much anxiety of countenance, and obtuseness of intellect, articulation difficult. Stimulants were freely administered, but with only temporary effect; he was too much exhausted to rally, except for a short time, and despite our efforts, he sank and died Feby 25th 1866.
Autopsy 48 hours after death. Cerebrum weighed 38½ ounces, contained a tubercular deposit of some size; cerebellum 6 ounces, normal. Right lung 35 ounces, filled with miliary tubercle. Left lung 24½ ounces, also contained miliary tubercle. Heart 11 ounces. Aortic valves somewhat cartilaginous at their edges, otherwise normal. Liver 72½ ounces, enlarged, and had tubercles scattered through it. Splen 20½ ounces, engorged with dark blood, and contained many tubercles. Pancreas 5 ounces, had tubercles. Kidneys each 6 ounces, fatty. Omentum shrunken, 2 quarts of serum in abdominal cavity, other organs and structures normal.

6453M43 6453M44

Nos 771 . 772. and 773.

Tubercular ulceration of the bowels.
Tubercular infiltration of the Lungs.

63528

8219 to 8221

From Autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel. S. Bond.

No. 771. A portion of small intestine, taken just above the Ileo-cecal valve, showing tubercular ulceration of the last Peyer's patch, and of several of the solitary follicles.

No. 772 A portion of rectum, with patches of superficial ulceration, covered with thick pseudo-membrane

No. 773 Right Lung of same patient, infiltrated with large cheesy masses of yellow tubercle.

History by Dr. Ellis (old)—

John Thomas, age 13, admitted Jany 22nd 1866, with feet and legs frost bitten to the knees. Stimulating liniments applied, and stimulants given internally, generous diet. Jany 28th Mortification of left leg took place with line of demarcation half way to the knee; amputation performed by A.A. Surg. A. R. Abbott U.S.A. (colored), at Upper third; toes of right foot sloughed off; bones removed by nippers. Jany 29th Symptoms of Jaundice; given dilute nitric acid and fluid extract of gentian. Febry 23rd Symptoms of tuberculosis; cough mixture, milk punch, and extra diet given. Died March 28th 1866. Autopsy 10 hours after death; a dark mulatto boy, 4 feet 6 inches high, weight about 50 pounds, much emaciation, rigor mortis well marked, left leg exhibited a stump, a few inches below the knee; all except the first phalanges of toes wanting. Right lung weighed 24 ounces, lower lobe firmly adherent to pleura costalis, and diaphragm, lobes firmly adherent to each other; contained large masses of tubercle; anterior portion of lower lobe a mass of tubercle, containing a cavity, the size of a walnut; posterior portion hepatized. Left

lung 10 ounces, slightly adherent to pleura costalis, and contained much tubercle, no fluid in cavities, pleura costalis dotted with numerous deposits of tubercle. Pericardial sac contained 4 ounces of serum. Heart 5 ounces, all the cavities contained white fibrinous clots, organ fatty, endocardium thickened, a large deposit of adipose tissue on surface of organ. Bronchial glands much enlarged, and filled with tubercle. Liver firmly adherent to diaphragm, weighed 33 ounces, covered with lymph superiorly, and filled with tubercle. Splen large, 7½ ounces, firmly adherent to diaphragm, and almost a mass of tubercle. Pancreas 2½ ounces, apparently normal. Stomach contracted, mucous coat thickened, tubercular ulcers throughout the small intestine, particularly in the lower Ileum, where Peyer's patches were ulcerated through to the peritoneal coat. Caecum and upper portion of large intestine, exhibited healed ulcers; rectum showed a number of large ulcers, covered with pseudo-membrane. Kidneys each 3½ ounces, and congested; remainder of urino-genitals normal. Head not examined.

No. 774. Tubercular ulcers of small intestine.

64 S 3 M 2

8272

From Autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel S. Bond.

A portion of Ileum, with several small ulcers; the villi around the edges of the ulcers, were hypertrophied; tubercular deposits on peritoneal surface, corresponding with the ulcers.

History—

Robert Franklin, age 33, admitted Febr 3/66. Diagnosis—Consumption; nothing of special importance developed in the progress of the case. Died March 29th 1866.

Autopsy 25 hours after death, height 6 feet, approximate weight 160 pounds, a stout muscular mulatto, rigor mortis well marked, no emaciation, abrasions on the lower extremities. Cerebrum 42 ounces, membranes slightly congested, 4 drachms of fluid in each lateral ventricle, choroid plexus congested, pineal gland enlarged and contained calcareous deposit, substance of brain slightly softened. Cerebellum 6 ounces, very slightly softened; ½ an ounce of fluid in cerebellar fossae.

Right Lung 20 ounces, covered with croupous lymph, congested, and contained much tubercles (crude) and a few vomicae, lobes firmly-intra-adherent; 6 ounces of fluid in right pleural cavity. Left Lung 38 ounces, slightly adherent to diaphragm, lobes intra-adherent, lower lobe hepatized, upper congested, lung contained a small amount of tubercle, 4 ounces of fluid in left pleural cavity. Pericardial sac contained 5 ounces of serum. Heart large, weighed 12 ounces, covered with an excessive amount of adipose tissue, valves very dark and congested, aorta atheromatous, and organ very fatty. Liver 76 ounces, upper surface of a normal color, lower surface a dark green, contained a few miliary tubercles, gall bladder empty.

Splen 14 ounces, contained a small amount of tubercle, very firm.
Pancreas 5 ounces, greenish color, very soft.
Kidneys 8 ounces each, and very fatty.
Stomach, mucous membrane thickened.
Duodenum and Jejunum normal.
Ileum presented a number of large scooped ulcers (tubercular) ; on the peritoneal surface opposite the ulcers, were deposits of tubercle. Caecum and Vermiform appendix, showed a few tubercular ulcers; in the ascending and transverse colon, were a few scooped ulcers, with irregular edges penetrating to peritoneal coat; length of large intestines 8 feet, of small intestines 33 feet. Abdominal parietes were of a dark greenish color.

No. 775. 64 33 M

4223

Taenia Solium. 4 1/3 ft. long.

Presented by Brt. Maj. Dewitt C. Peters, Asst Surg. U.S.A. Post Hospital, Fort McHenry, Baltimore, Md.

Private Jacob Roller, Co. F, 1st U.S.V. Vols, age 30. This man came on Surgeon's call one morning, saying that he had a tape worm, which had troubled him at times, for a considerable time; according to his own statement, in the month of June last, he had passed forty seven yards. His history is very incomplete, and he seems to know very little in regard to his case.
He was given, the first morning, a large dose of turpentine, followed in three hours by a dose of oil; the next morning, he brought a piece, which he had passed

the previous evening, measuring eight feet; still having an unpleasant sensation of fulness and tickling in his throat, he was given an infusion of pumpkin seeds, and followed by another dose of oil; this caused him to pass a great number of small pieces, and suffering no further inconvenience, he was ordered to duty.

No. 776.
6413 M3
8224

Tubercular ulceration of Ileum.

From autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel S. Bond.

A portion of Ileum, taken just above the ileo-cecal valve, with numerous ulcers on the mucous coat; tubercular deposits on the peritoneal surface.

History -

Harriet Green, age 18, admitted July 5th 1865. Diagnosis - Jaundice. August 23rd Acute Pneumonia supervened; treatment Sweet Spirits of Nitre, Paregoric, and Fluid Extract of Ipecacuanha, internally, Blister to the right Sub-mammary region. Aug. 26th constipated, pain on pressure over whole abdomen; Blue mass and compound extract of Colocynth, given, and Turpentine stupes applied. Typhoid symptoms exhibited the next day, and Spirits of Mindererus, Turpentine stupes, Brandy punch, and Beef tea constituted the treatment. Aug. 30. Diarhoea occurred. Calomel and opium given. Sept 6th patient weak, pulse 110, Headache, sleepless, constipated, skin cool, and moist. Heart

displaced to right side. Calomel and Rochelle Salts and Extract of Ginger given, and also morphia with Camphor. Sept 8th Calomel and Rhubarb administered; from this time patient improved, except she had dullness on percussion over left Thoracic region, and pain in right Iliac Fossa, increased by pressure; extra diet and milk punch given freely. Sept. 15. Tongue furred with thick yellow, appetite moderate, occasional gastric pain pulse 100 and rather feeble, dullness over right Lung. Whisky and Cod Liver Oil given. Oct. 17. patient coughs frequently, colliquative night sweats, dullness on percussion over entire Pneumic portion of thorax; Cod Liver Oil and Whisky continued. March 3rd 1866. Diarhoea, extreme emaciation, patient too weak to sit up, little appetite; Diarrhoea and cough mixtures given, whisky and extra diet. Died March 30th 1866 at 1 Oclock A.M.

Autopsy 35 hours after death; a well formed Mulatto woman, 5 feet 5 inches high, weight 110 pounds, rigor mortis partial, extreme emaciation, bedsores on buttocks.

Pacchonian granulations congested, as also the membranes. Cerebrum weighed 35 ounces, membranes finely congested, slight effusion beneath the arachnoid, Corpus Callosum congested, 2 drachms of fluid in each lateral ventricle, choroid plexus congested, lining membranes of ventricles slightly thickened, fornix softened, substance of brain somewhat softened. Cerebellum weighed 6 ounces, membranes congested, substance quite soft, 2 ounces of serum in posterior fossae of Cranium.

Right Lung weighed 15 ounces, upper and middle lobes firmly adherent to each other, posterior portion of Lung congested, some crude tubercle present, 16 ounces of Serum in right pleural cavity.
Left Lung 20 ounces, firm pleuritic adhesions at all points, Lung infiltrated with tubercle and contained a number of large vomicae. Pericardial sac contained 6 ounces of fluid. Heart small, 6 ounces, slightly fatty, valves normal, organ displaced to 1½ inches to right of the median line. Bronchial glands very much enlarged and filled with tubercle.
Liver weighed 43 ounces, left lobe of light reddish brown color, right lobe of a chocolate bronze, on section presented the nutmeg appearance well marked, contained a large deposit of miliary tubercle, ~~tubercle~~ Gall bladder full of viscid bile. Spleen weighed 4 ounces and studded with crude tubercle. Omentum very dark and congested. Right Kidney 4 ounces; Left Kidney 5 ounces; both contained tubercle.
Pancreas 3 ounces and normal.
Mesentric glands very much enlarged, some the size of a hens egg, and filled with tubercle. abdominal connective tissue infiltrated with serum. Stomach slightly congested, an ulcer near the pyloric orifice, mucous coat thickened; a large number of scooped tubercular ulcers throughout the entire small intestine; opposite to each ulcer on the peritoneal surface was large deposits of tubercles; mucous coat of large intestine much thickened and showed numerous tubercular ulcers; length of large intestine 5 feet, small intestine 24 feet.
Urino-Genital organs not mentioned above presented no abnormal appearance.

No. 777 Female Pelvis with ligaments
65557
8225

From Autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel S. Bond.

For History and description see Nos 751 to 753.

72965142

No. 778 to 780. Tubercle of Omentum. Lobulated Kidneys. Fibrous tumor of Uterus.
64383 65555184
8226 to 8228

From Autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel S. Bond.

No. 778. A portion of Omentum containing tubercular deposits.

No. 779. Lobulated Kidneys.

No 780. Fibrinous tumor, of the size of a small Hen egg, in the left anterior wall of the uterus, projecting into the cavity. See Microscopical Section, Nos. 1348 to 1354.

History -

Julia Ann Smith, age 20, admitted Febry 6th. 1866. Diagnosis - Consumption. Died March 1st. 1866. Autopsy 54 hours after death; a well formed mulatto woman, 5 feet high, 110 pounds in weight, rigor mortis in lower extremities, none in upper, some emaciation, small pox pits upon face.

Cerebrum 36 ounces, normal, Cerebellum 5 ounces, slightly softened, an ounce of fluid in posterior fossae of cranium.

Right lung firmly adherent at all points, infiltrated with tubercles, and contained numerous vomicae, weight 21 ounces.

Left Lung weighed 18 ounces, covered with a thick coating of plastic lymph, contained much tubercle and a few small vomicae, 8 ounces of serum in left pleural cavity.

Heart very large, dark, and fatty, weighed 16 ounces, congested and contained dark clots in all the cavities, valves normal, 10 ounces in Pericardial Sac. Pleura costalis thickly coated with lymph.
Liver presented the nutmeg appearance, weight 37 ounces, gall bladder full.
Spleen weighed 6 ounces, and contained some tubercle.
Pancreas weighed 3 ounces, and normal.
Each Kidney weighed 4 ounces, lobulated, and excessively fatty, and congested.
Stomach, mucous coat much thickened, somewhat congested, and contained a large amount of pigmentary deposit, entire tract of small intestine, exhibited large tubercular ulcers, with ragged irregular edges, penetrating to the peritoneal coat, with tubercular deposits on the peritoneal surface corresponding with the ulcers.
Caecum showed a large number of small ulcers, of the same character; remainder of large intestine presented follicular ulcers throughout the whole tract, especially marked in the upper portion. Length of Large intestine 5 feet, of small intestine 25 feet. Uterus, on being cut up the back, showed a fibrous tumor, size of a hens egg, attached to the posterior internal surface of the organ; Uterus somewhat enlarged. Much oedema of cellular tissue around genitalia. Vagina congested. Bladder distended with urine. Infiltration of serum in connective tissue of abdomen and abdominal viscera; about 2 pints of serum in abdominal cavity.

No. 781.
64 53 D27
8279

Enlargement of Solitary follicles of small intestine.

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel. S. Bond.

A portion of Ileum, taken near the Ileo-cecal valve, showing slight thickening of Peyer's patches, which when fresh, presented the shaven-beard appearance, the solitary follicles enlarged to the size of pins heads, and projecting from the surface.

History -

Wm Carter, age 24, admitted April 4th 1866, had dyspnoea so great as to prevent his assuming the recumbent position, extreme pain over the entire left side of thorax, so great to allow of percussion, tongue coated a deep brown, constipated, pulse 105 to 110. A mercurial purge was given, which operated. A blister was ordered, but not applied until too late to take effect. Dover's powder and morphine given, April 5th at night.

Died april 6th 1866.

Autopsy 9 hours after death; 5 ft 4 inches high, weighed 150 pounds, rigor mortis well marked, a stout well formed negro man.

Cerebrum weighed 36 ounces, membranes finely congested, slight effusion beneath arachnoid; half drachm of fluid in each lateral ventricle; choroid plexus pale, lining membranes of lateral ventricles slightly congested, substance of brain firm and slightly congested. Cerebellum weighed 5 ounces, firm and slightly congested; 2 ounces of bloody serum in posterior fossae of cranium. Right lung weighed 24 ounces, firmly adherent at all points by fibrinous bands, lobes intra-adherent, lower lobe congested,

middle lobe crepitant, with a few patches of red hepatization; 8 ounces of effused serum in each pleural cavity.
Left Lung weighed 13½ ounces, slightly adherent posteriorly, inferior lobe slightly congested. Heart weighed 29 ounces, large fibrinous clots in all the cavities, aortic and mitral valves slightly thickened, aorta atheromatous, endocardium thickened, left ventricular walls thick, Columnæ Carneæ very firm and pale, organ fatty, pericardial sac contained 1½ ounces of serum, both pericardial surfaces covered with croupous lymph. Liver weighed 57 ounces, dark reddish brown color externally, dark ochre internally, fatty, pons hepatis well marked, gall bladder full. Spleen weighed 10 ounces, dark chocolate color externally, reddish brown internally, very firm. Kidneys each 6 ounces, dark and congested; other uro-Genitals normal. Stomach, mucous coat congested and slightly thickened. Small intestines congested throughout. In lower Ileum Peyer's patches somewhat thickened, and enlargement of solitary follicles. Large intestines contained much pigmentary deposit. Length of large intestine 5 feet, length of small intestine 29 feet.

No 782. Cicatrices of the Spleen.

64703

4230

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel. S. Bond.

Spleen presenting several puckered cicatrices, especially on its convex surface. No history of the case could be obtained, further than that his name was Bird; date of death not known. Died April 5th.
Autopsy april 9th 1866; a well formed, dark mulatto man, 5 feet 10 inches high, approximate weight 200 pounds, rigor mortis well marked, extensive oedema of body, (anasarca) abundantly well marked in lower extremities, abrasion the size of a silver dollar on right shin. Cerebrum 42 ounces, a number of osteophytes in Pacchionian granulations, membranes slightly congested, one drachm of fluid in each lateral ventricle, lining membranes of ventricles congested, choroid plexus pale, pineal gland contained a firm concretion, substance of brain very firm. Cerebellum weighed 6 ounces, membranes congested, and substance firm; 2 ounces of Serum in cerebellar fossae.
Right Lung 25 ounces, Left Lung 21 ounces, normal; 2 ounces of effused fluid in right pleural cavity, 6 ounces in left.
Pericardium and heart firmly interadherent, weight 34 ounces, firm white clots in the ventricles, Heart dark and congested, endocardium thickened, aortic and mitral valves thickened. Liver weighed 84 ounces, mottled red and brown color externally, on section presented the nutmeg appearance and congested. Spleen weighed 9 ounces, of a light slate color, presented several cicatrices on its convex surface. Right Kidney 7 ounces, Left 9 ounces, both

congested and slightly fatty.
Stomach congested, and mucous coat thickened; mucous coats of Duodenum and Jejunum thickened; a small ulcer in a Peyer's patch in lower Jejunum; another the size of a dime in the middle Ileum, in lower Ileum Peyer's patches elevated and Solitary follicles enlarged; large intestine normal; entire intestines loaded with pigmentary deposits; length of large intestine 5 feet, of small intestine 25½ feet.

No. 783-784. Fibrin clots, formed in the left ventricle sometimes before death, with central softening into a pus-like fluid. Old peritoneal adhesions of small intestines.

8231 to 8232

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel. S. Bond.

No. 783. Heart, which presents in the left ventricle, entangled among the Columnae Carneae, a number of rounded cysts, which when fresh were of a yellowish color and contained in the interior a fluid resembling pus; microscopical examination showed that the cyst wall consisted of coagulated fibrin, and was not organically connected with the heart walls; the fluid in the interior of the cysts, contained granules and decomposing red and white corpuscles, especially the last; one similar cyst was found in the right ventricle.

No. 784. Knuckle of small intestine presenting old and fully formed adhesions.

History –
Joseph Anderson, age 50, admitted april 1st 1866, had syphilis of over a years standing, penis apparently gangrenous, had right inguinal hernia, and general anasarca, constant cough, profuse rusty expectoration, valvular murmurs of a sawing or rasping character heard very distinctly, great general debility, no appetite, urine normal in quantity and albuminous; expectorants diffusible stimulants, Carbonate of Ammonia, tonics, and extra diet given; no special change in symptoms from the first. Died april 8th 1866.

Autopsy 30 hours after death, a well formed dark mulatto man, 5 feet 8 inches high, weight 130 pounds, rigor mortis well marked, no emaciation, anasarca of lower extremities, external genitals presented abscesses and ulcerations. Dura mater a little thickened, cerebrum weighed 42 ounces, 2 ounces of fluid beneath the arachnoid membranes very pale, one drachm of fluid in each lateral ventricle, choroid plexus very pale, Cerebellum 6 ounces, pale and very firm; 6 ounces of serum in posterior fossae of cranium. Right Lung 26 ounces, lower lobe congested, and partially hepatized, and slightly oedematous, upper lobes very oedematous; 2 ounces of fluid in right pleural cavity. Left Lung 15 ounces, collapsed, contained patches of hepatization, entire organ oedematous, 6 ounces of fluid in left pleural cavity. Pericardial sac contained 20 ounces of serum. Heart very large, 24 ounces, surface coated with croupous lymph, and an abundance of adipose tissue, organ ~~fatty~~ flaccid, no clots, walls of

right ventricle very thin, left ventricle ent-
-arged a number of cysts with tough walls
and containing a pus like fluid. Aorta
much distended and aortic valves thick-
-ened, under surface of Pericardium covered
with a thick coating of lymph.
Liver weighed 58 ounces, light brown color
externally, presented the nutmeg appear-
-ance, unusually firm and leathery.
Spleen 4 ounces, of a light purple exter-
-nally, pale reddish brown internally firm.
Pancreas 1 oz, Pale and firm.
Right Kidney 5/2 ounces, Left Ounce;
very fatty. Stomach and intestines,
mucous coat thickened, otherwise normal
except a peritoneal adhesion of a knuckle
of Ileum, of long standing.
Bladder filled with dark colored urine.
Bubos found in each groin, but no
evidence of inguinal hernia. Urine ex-
-amined, and no traces of albumen found.

No. 785.
b1 A2 B1.
4233

Dilatation of Latral Ventricles of Brain.

From Autopsy made at the Freedmen's Hospital,
Washington D.C. By Dr. Samuel. S. Bond.

Brain with latrals ventricles dilated to
about double their normal capacity, and
filled with serum.
History—
Charles Grandison, age 12, admitted Jany 24th
1866 had headache, pain in right hypo-
-chondrium, dup brown furred coat on tongue,
foetid breath, good appetite, bowels cons-
-tipated, urine natural and was dull and stupid;

mercurial purgatives ~~was~~ given, which oper-
-ated; patient became better and was more
lively. Jany 31st bowels obstinately consti-
-pated, urine passed involuntarily,
patient recumbent and weak, with
dilated pupils; ~~and~~ quite dull, said
he had no pain; a purgative was
given and afterwards dilute nitric
acid and gentian; urine and
faeces then passed involuntarily,
and so continued until his death.
Appetite still good but ingesta
mainly vomited. Feby 7th allowance
of food reduced one half and vomiting
ceased. March 18th Quinine, Gentian,
and Whiskey given, apparently without
good effect. Died March 23rd 1866.
Autopsy 3 days after death; a well for-
-med dark mulatto lad, 4 feet 9 inches
high, weight 60 pounds, emaciated,
rigor mortis well marked. Dura mater
congested, Cerebrum weighed 36 ounces,
membranes congested, Lateral ventricles
distended with 2 ounces of serum in each,
choroid plexus pale, corpora quadrigemina
softened and broken down, substance of
Brain firm. Cerebellum weighed 5 ounces,
a collection of pus between the arachnoid
and medulla oblongata, an abscess just
above involving the Cerebellar lobes and
posterior medulla; parts contiguous nor-
-mally firm, membranes slightly congested,
about an ounce of fluid in posterior fossae
of cranium. Right Lung weighed 8 ounces,
posterior portion slightly congested, con-
-tained a small amount of crude tubercle;
Left Lung might, and condition the same;
an ounce of fluid in each pleural cavity.
Heart 7 ounces, dark and congested, whites
fibrinous clots in right ventricle, otherwise

normal; 2 ounces of serum in pericardial sac. Liver weighed 29 ounces, apparently normal. Spleen very small, weight one ounce, some tubercular deposit. Pancreas 3 ounces, and normal. Kidneys each 3 ounces, much congested and fatty. Bladder distended with urine. Mucous coat of Stomach slightly thickened. Intestines normal; length of large intestine 4 feet, small intestine 22 feet.

No. 786. Concentric atrophy of Stomach.

64 B2A3

8234

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel S. Bond.

Stomach contracted to a capacity of ~~two~~ 3 ounces.

History —

Edmund Platt, age 26, admitted April 10th 1866, had intense pain over front of thorax, cough continual, sputa of a straw color mixed with frothy white, tongue coated a yellowish brown, pulse feeble and wiry, no appetite, bowels constipated, patient very weak. Turpentine stupes applied to chest, and brown mixture, Extract of Gentian, and whiskey, with extra diet, given. Died April 13th 1866. Autopsy 6 hours after death, a well formed negro man, 5 feet 3 inches high, weight 120 pounds, rigor mortis partial, slight emaciation.

Cerebrum 38 ounces meninges congested, 2 drachms of serum in each lateral ventricle, lining membranes of ventricles congested, choroid plexus dark and congested, substance of brain congested, no middle commissure in 3rd ventricle. Cerebellum 5 ounces, normal; 2 ounces of clear serum

in cerebellar fossae. Right Lung 21 ounces, posterior portion congested, organ composed of but 2 lobes, imperfectly marked.
Left Lung 16 ounces, covered with croupous lymph, posterior portion of lower lobe slightly oedematous, no effusions. a large bronchial gland was found, converted into a cyst, and filled with a fluid. Bronchiæ filled with frothy mucous.
Heart weighed 11 ounces, dark, congested, some adipose deposit on its surface, large white fibrinous clots in all the cavities, valves normal, slight atheroma of aorta, 2 ounces of fluid in pericardial sac.
Liver 54 ounces, presented the nutmeg appearance. Splen 3½ ounces, atrophied.
Pancreas 3 ounces, very pale and firm.
Kidneys each 3½ ounces, very fatty.
Stomach much contracted; mucous coat of stomach and intestines thickened; congestion throughout entire intestine; also much pigmentary deposit; Peyer's patches presented the shaven-beard appearance; length of large intestine 6 feet, of small intestine 26 feet.

No. 787. Heart with bifurcated apex.

62.1.a2

8285

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel S. Bond.

Heart, the apex of which is distinctly bifurcated, the patient died of Pleurisy, consecutive probably to Bright's disease; there was fluid in both Pleural cavities, the Left Lung congested and covered with lymph, Liver 43 ounces, Splen 11 ounces, Kidneys each 6 ounces fatty. See autopsy 85 page 1776. 15

No 788. 65582

4236

Fibrous tumor of the uterus.

Presented by Brt. Maj. Geo. M. McGill. asst. Surgeon U.S. Army, Hicks Genl. Hospital, Md.

Fibrous tumor of uterus; presenting a nodulated surface, and weighing 25 ounces; taken from the body of a negro woman, who died in the Baltimore almshouse, March 1866. Microscopical examination at the museum, showed the tumor to consist of fibrous tissue and muscular fibre cells.
See Microscopical Section, Nos. 1842 to 1847.

No 789. 790. 791. 792.
C23 2B1 61841
65461 65184

Athroma of the Aorta and the cerebral arteries. Enlarged prostate. Cicatrices of the Kidneys.

4237 to 4240

From autopsy made at the Freedmen's Hospital Washington D.C. By Dr. Samuel. S. Bond.

No 789. Athromatous Aorta; some calcareous deposit near the bifurcation.

No 790. Brain, the arteries about the base of which are athromatous, with some calcareous deposits.

No 791. Greatly enlarged prostate Gland.

No 792. Left Kidney showing a large cicatrid like depression.

History -
Matthew Lucas, age 56, admitted Feby 26th 1866. Diagnosis - Acute Rheumatism and paralysis of right side. Died March 5th 1866. Autopsy 18 hours after death; a well formed dark Mulatto man, 5 feet 5 inches high, weight 140 pounds, rigor mortis partial, some swelling of legs and feet.

Brain weighed 43 ounces, membranes finely congested, about 2 ounces of fluid beneath the arachnoid, calcareous athroma of all the arteries at the base of the brain, Dura mater thickened, about 2 ounces of fluid in posterior cranial fossae. Right Lung weighed 35 ounces, upper lobe collapsed, lower lobe hepatized approaching the third stage of Pneumonia, lung contained much pigment, covered with depusit of lymph, but nr adhesions. Left Lung weighed 10 ounces, upper lobe collapsed, presenting a cicatrix about the middle, lower lobe collapsed and shaved several cicatrices, no exudation of lymph, nr adhesions.

Heart large and dark, weight 23 ounces, congested, coronary vessels distended, external surface covered with a thin coating of lymph, all the cavities contained white fibrinous clots, Tricuspid and pulmonary valves slightly thickened, mitral and aortic valves somewhat thickened, with extensive atheroma of the aorta, endocardium thickened and opaque, walls of left ventricle 1¼ inches thick, pericardial sac contained 8 ounces of fluid. Liver weighed 50 ounces, reddish brown color externally, slightly fatty on section, congested, gall bladder filled with viscid bile.

Splen weighed 3 ounces, small, reddish brown on section.

Pancreas weighed 3 ounces and normal.

Right Kidney weighed 3½ ounces, externally presented numerous ecchymosed spots, stellate veins well marked, Kidney fatty. Left Kidney weighed 5 ounces, showed a large cicatrix on its superior edge, one also on anterior surface near outer border, organ

in same condition as right.
Stomach, mucous coat slightly thickened and congested, a few nodules found in the edges of the valvulae conniventes; mucous coat of Duodenum slightly thickened; balance of small intestine somewhat congested; slight enlargement of a few of the solitary follicles of the large intestine. Bladder much distended with urine, containing 24 ounces, mucous coat somewhat thickened and congested, neck completely obstructed by enlargement of the prostate gland; the large gland being the size of a small orange. Length of large intestine 5½ feet, small intestine 32 feet. Abdominal Aorta and Iliac arteries atheromatous.

No. 793.
61 22 01.
8241

Meningitis.

From autopsy made at Freedmen's Hospital Washington D.C. by Dr. Samuel. S. Bond.

A portion of Cerebrum, which when fresh presented a thin layer of pus, beneath the arachnoid; this has coagulated in the alcohol into a thin whitish layer.

History -
colored William Elliott, age 17, admitted April 17th 1866 too weak to sit up, jactitation nor delirium, nor diarrhoea, only partly conscious, could not answer questions; milk punch administered. Died April 18th 1866.
Autopsy 18 hours after death; a well formed stout dark mulatto man, 5 feet high, weight 130 pounds, rigor mortis well marked. Dura mater slightly congested, Cerebrum 43 ounces, membranes

congested, purulent fluid beneath the arachnoid, one drachm of serum in each lateral ventricle, lining membrane and choroid plexus congested, substance of brain soft. Cerebellum 6½ ounces, membranes congested, pus beneath arachnoid, substance softened; 2 ounces of serum in posterior fossæ of cranium. Right Lung 18 ounces, posterior portion of lower lobe congested. Left Lung 16 ounces, posterior portion congested, no effusions, no adhesions. Heart 11 ounces, large deposit of adipose tissue on its surface, organ dark and congested, 6 ounces of serum in pericardial sac. Liver 56 ounces, nutmeg appearance well marked, gall bladder contained ½ ounce of viscid bile. Spleen 3 ounces, lobulated, one small supernumerary spleen. Kidneys each 4 ounces, slightly fatty. Stomach, mucous coat thickened; an excessive amount of pigment in the Duodenum; Jejunum normal; In the Ileum Peyer's patches thickened and solitary follicles enlarged and filled with pigment. Urino-Genitals normal. Length of large intestine 5½ feet, small intestine 25 feet.

No. 7944. Dilatation of the 4th Ventricle. Meningitis.

6152 133.

8242 From autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel. S. Bond.

a Cerebellum, with medulla and Pons.

attached, the fourth ventricle dilated to the capacity of about ½ an ounce, a layer of pus evagulated by the alcohol the drachnoid of the Pons, medulla, and adjacent portins of the cerebellum; the contents of the dilated ventricle, were not determined as it was not opened into, until the specimen had been sometime in alcohol.

History—

Mary Jackson, age 20, admitted April 11th 1866, had intense frontal headache, and pain in right side, bowels obstinately constipated, tongue evated with brown fur, breath foetid; mercurial and saline purgatives given, but had no effect; an enema of castor oil, Turpentine, salt and molasses, and hot water, which brought away a large amount of faeces sufficient to half fill a bucket. April 16th patient apparently sinking; milk punch given freely. Died April 18th 1866. Autopsy 30 hours after death; a stout well formed negro man, 5 ft 9 inches high, weight 160 pounds, rigor mortis well marked. Brain 32 ounces, very much congested, arachnoid at the base of brain thickened and opaque, beneath which was a collection of Pus; 2 ounces of serum in posterior fossae of cranium. Right Lung 22 ounces, slight adhesions at apex, posterior portion slightly congested. Left Lung 18 ounces, firm adhesions at all points, substance apparently healthy; no effusion in either cavity. Heart 11 ounces, mitral and aortic valves slightly thickened, 4 ounces fluid in pericardial sac. Liver 55 ounces, bronze color superiorly, on section presented the nutmeg appearance and congested, gall bladder full.

of dark viscid bile, Spleen 3 ounces, bloodless and firm, color normal.
Pancreas 3½ ounces, very firm.
Kidneys each 6½ ounces, much lobulated, congested and fatty.
Stomach Duodenum, and Jejunum, mucous coats thickened and congested.
Ileum congested, pigmentary depvsits in agminated glands. Large intestines solitary follicles elevated and dotted with pigment; Caecum much congested.

No. 795. Extra Uterine (tubal) Foetation.

65.15.63

8243 Presented by Doctor George McCook Pittsburg. Penna.

Fibrous tumor of the ovary, about the size of a child's head, attached, a thick fibro-muscular cyst, which in the alcohol, has contracted to a little smaller than the tumor; the cyst contains an attached placenta, from which depends a well formed female foetus, at about 4½ months.

See Microscopical Section, Nos. 1337 to 1342.

Pittsburg Pa. April 13/66

Brt. Maj. Genl. J. K. Barnes,
Surgeon General U.S. Army.

Dear Sir.

Having procured a release from a previous obligation, I have concluded to place at your disposal, for the purpose indicated in your letter, my specimen of Ovarian Pregnancy, which you will accept as a small token

of my regard for the zeal which you manifest-
for the promotion of medical science. I have
annexed an abridged statement of facts,
revealed to me by the patient herself, which
for certain reasons you will receive in con-
fidence; the respectability of the family for-
bids any public notice of it. The patient
was 34 years old, and had been a widow
for 11 years; she commenced to menstruate
at about 15, and continued to be regular
from that period, during marriage, and
widowhood, until about 4½ months of the
date of the operation, which was performed
on the 23rd of Feby. She acknowledged
having had connection, and that from the
obstruction of the menstrual discharge,
she feared pregnancy, but had no signs
of life or motion. The tumor although
not discovered by her, I think had an ex-
istance prior to date of obstruction, my
reason for so thinking is the great size,
weight, and fibrous structure, connected with
the case. Although she fixes a certain date,
the menses should have occurred, yet I do
not look upon this fact as conclusive that
pregnancy had not ensued previously.
We have a case in print in this city, where
the lady carried the ovarian case 37 4
years. I have seen the specimen, and
conversed with the lady, and attended
her in last Illness; she died at 84 years
of age; this foetus is fully developed,
is a female encased in ossified mem-
branes all distinctive parts as plain
as if it had attained nine months regular
gestation. I have frequently offered 20-
dollars for it, with a view of presenting
it to some Medical college, in both these
cases, pregnancy took place in the left
Fallopian tube. In both cases the

corpora-lutea, were distinct, the yellow color clearly so. I do not make this case an argument for the virtue of the former, but present it as an argument involving some doubt as to when pregnancy did take place; in the last case the lady informed me that she became regular, about 18 months after birth should have been consummated. As my knowledge is all conjectural, I would be glad to have your views. I have put up with much care the specimen, first in a jar, then in tin box, and enclosed all in a wooden box; I hope will leave by express tomorrow. I hope will arrive safely. My patient died on the 3rd day from pulmonary hemorrhage. Her chest was mal-formed; anterior projection of the sternum.

Yours Truly
G. McCook

No. 796.
65 A3 A4

8244

Stricture of the urethra; dilatation of the Urinary passages.

Presented by Brt. Lt. Col. Edwin Bentley, Surg. USV
Alexandria Va.

Stricture of the urethra, extending from the membranous portion, about 2½ inches forward; the canal was very small, but still patulous up to the time of death; the bladder greatly distended, its muscular coat hypertrophied; ureters distended to the thickness of a finger. Pelvies of the Kidneys considerably dilated.

History by Dr. L. Heard.
George Lansdown, (Colored, but very light), age 75 years, height 5 feet 8 inchs, weight about 150 pounds, married, was admitted in L'Ouverture Hospital Alexandria Va. April 8th 1866. When first examined, the only thing complained of and all that could be elicited, was pain in the lower extremities, particularly of the knees and ankles no swelling whatever, was able to go about the ward. April 15th is much relieved, but at this time his mouth became sore and received appropriate treatment. On or about April 20th 1866 a cold storm of rain and wind came on, and from some exposure, he was suddenly taken with the usual symptoms of inflammation of the lungs, with dullness on percussion over the base of both lungs posteriorly, - increased vocal resonance and increased coarse mucous rales, pulse 100 and nonresisting, dyspnoea quite urgent, expectoration moderate and slightly colored, remedies that seemed indicated were immediately employed and perseveringly used, but as the case terminated in death, which took place April 26th 1866.

During the whole time the patient was in hospital, no complaint was ever made as to the least difficulty in micturition, and although daily attention was given to the states of the secretions and excretions, no fulness in the region of the bladder was observed until a few hours before death, and nothing was ever elicited to give suspicion of the existence of stricture of the urethra or enlargement of the ureters, nor of any other serious difficulty of the urinary organs.

Autopsy 16 hours after death; rigor mortis slight. ~~Cerebrum and Cerebellum both~~ Brain normal.

Right Lung, posterior part of middle and lower lobes in the state red hepatization, as was also the posterior portion of lower lobe of Left Lung; remaining portions crepitant.

Heart normal.

Abdomen, nothing unusual in the appearance of any of the viscera, except the Kidneys and ureters; the former were rather large and of irregular shape, and the latter very much dilated and sacculated; the urinary bladder was judged to contain a pint of urine, perhaps a little more.

No. 797. 6554a2

8245

Phagedenic ulceration of the external Genitals.

From autopsy made at the Freedman's Hospital, Washington D.C. by Dr. Samuel. S. Bond.

External Genitals of a mulatto man, the glans penis destroyed by phagedenic ulceration, with phagedenic but superficial ulceration of the prepuce, and in the fold between the scrotum and the groin.

History -

Thomas Miller, age 22, Freedman admitted April 7th 1866. Died May 7th 1866.

No Diagnosis nor treatment could be obtained.

Autopsy 20 hours after death; a well formed light mulatto man, 6 ft 1 inch high, weight about 150 pounds, rigor mortis well

marked, phagedenic ulceration of penis and in perineum and groin.
Cerebrum 38 ounces, pale and firm, 2 drachms of fluid in each lateral ventricle, choroid plexus pale, Cerebellum 6 ounces, normal. 2 ounces of fluid in posterior cranial fossae.
Right lung 37 ounces, upper lobe oedematous, middle lobe normal, lower lobe in a state of red hepatization; 3 ounces of effused fluid in right plural cavity. Left lung 25 ounces, lower lobe slightly oedematous; 1/2 oz of serum in left plural cavity.
Heart 19 ounces, congested, substance pale + slightly fatty, valves normal; 10 ounces of fluid in pericardial sac. Liver 67 ounces, superior surface presented a granulated ochre color, on section a nutmeg appearance.
Splen 26 ounces, capsule much thickened and firmly adherent to diaphragm, on section a reddish brown color and very firm. Pancreas 5 ounces, normal.
Right Kidney 7 ounces and very fatty.
Left 9 ounces and in same condition.
Intestines slightly congested, otherwise normal; small intestine 32 feet in length, large intestine 5 feet -. Urino Genitals not mentioned above, showed no important anatomical lesion.

No. 798 - 799. 6488M6 6515 61 8246 to 8247

Tubercular ulceration of the bowels. Dilated Fallopian tubes, with cheesy contents.

From Autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel. S. Bond.

No. 798.

A portion of Ileum, with small tubercular ulcerations of mucous membrane, and tubercles on peritoneal

surface, opposite the ulcers.

No. 799. Internal organs of generation, the Fallopian tubes distended to about thrice their normal diameter, and stuffed with cheesy material.

No history of the case could be obtained.

Autopsy ~~hours after death~~; a well formed negro woman, 5 feet high, weight 100 pounds, rigor mortis partial, abdominal integuments corrugated and flaccid, very slight emaciation.

Cerebrum 28½ ounces, membranes finely congested, one ounce of serum beneath arachnoid, 1½ drachms of serum in each lateral ventricle, choroid plexus pale, pineal gland normal, substance of brain normal. Cerebellum weighed 5 ounces, membranes slightly congested, substance somewhat soft; 2 ounces of fluid in posterior cranial fossae.

Right lung 25 ounces, upper lobe contained a ~~large~~ vomica, the size of a large orange, filled with tubercles. Blood and pus, middle and lower lobes contained tubercles and congested; 6 ounces of effused fluid in pleural cavity. Left lung 23 ounces, upper lobe contained 2 large vomicae the size of hen's eggs and numerous smaller ones, filled with tubercular matter, lower lobe congested and filled with tubercles, no effusion in pleural cavity; slight adhesions of both lungs. Pericardial sac contained a ~~pint~~ of serum, an abundance of adipose tissue on surface of heart, weight 11 ounces, valves normal, organ slightly fatty. Liver 49 ounces, reached down to the umbilicus, presented the nutmeg appearance, and extremely fatty, gall bladder full of bile, organ very pale. Spleen 3½ ounces, normal, Pancreas 3 ounces and normal.

Extensive tubercular ulceration throughout the whole tract of both large and small intestines, with tubercular deposits on the peritoneal surface corresponding with the ulcers. Kidneys each 4 ounces, cortical substance congested, pigment deposit on the abdominal parieties. Uterus somewhat congested, deposit of lymph on the internal surface. Fallopian tubes enlarged and contained a cheesy matter; balance of Urino Genitals normal.

No. 800.
L555 A4

Ulceration of the external Genitalia; from a mulatto woman.

8248

From autopsy made at Freedmen's Hospital Washington D.C. By Dr. Samuel S. Bond.

External and internal organs of generation, the vagina and uterus opened posteriorly, a number of superficial ulcerations, the largest being between the labia magora and labia minora on the right side, others between the labia magora and the thigh, in the vestibule, and about the orifice of the vagina.
No history furnished.
Autopsy 5 hours after death; a well formed woman, almost white, 5 feet 11 inches high, weight 150 pounds, rigor mortis well marked, body posteriorly ecchymosed, covered with syphilitic scars, left upper arm exhibited a large cicatrized, 1½ inches in diameter. Cerebrum 43 ounces, membranes very much congested, ½ drachm

of fluid, in each lateral ventricle, choroid plexus dark and congested, finical gland large and contained a calcareous substance, substance of brain congested. Cerebellum 5 ounces, membranes congested, substance firm and congested, 2 ounces of fluid in posterior cranial fossae. Right Lung 22 ounces, congested; Left Lung 18½ ounces, congested; 1 ounce of fluid in right pleural cavity, 3 ounces in left; adhesions by fibrinous bands of right lung to pleura costalis.
Heart 12 ounces, dark, flabby, and congested. Liver 65 ounces, congested, and somewhat fatty. Spleen 10 ounces, adherent, very soft. Pancreas 4 ounces, normal. Right Kidney 9½ ounces, very much congested. Left Kidney 8 ounces, in same condition. Small intestine very much congested; in upper portion of Ileum, a nodule about the size of a large pea, was found, projecting from its mucous surface. Pudendd and vagina covered with syphilitic ulcers. Uterus slightly congested; a small cyst on left ovary.

No. 801. 802. Hypertrophy and dilatation of left ventricle; ulceration of aortic valves; after Rheumatism. Nodulated and cicatrized Kidneys

12918 14 1531 a5

8249 to 8250

Presented by Bvt Lt. Col. Edwin Bentley, Surg. U.S.V. Washington. D.C.

No. 801. Heart cavities laid open, showing ulceration of aortic valves, hypertrophy and dilatation

of the left ventricle.

N° 802. Kidneys of same patient, the upper one which is the left lobulated, the lower one the right, presenting a singular cicatrix on its outer edge.

History by Dr. L. Ward Lo Overture hospital, alexandria Virginia.

Henry Roberts, colored, age 28 years, was admitted Decr 29.th 1865, with articular Rheumatism; the knees, elbows, and wrists, being affected; subsequently symptoms of heart disease set in; patient became dropsical and died april 1866.

Autopsy; a large colored man, 6 feet in hight; apparent weight 180 pounds. Cerebrum 40 ounces, normal; medullary substance very white. Cerebellum 6 ounces. Right Lung 36 ounces. Left Lung, red hepatization of the lower part, weight 42½ ounces. Pericardium contained 28 ounces of fluid. Heart and pericardium weighed 52 ounces; weight of heart after trimming the pericardium and removing the clots, 35½ ounces. Liver fatty, somewhat cirrhosed, 51½ ounces. Splen 6 ounces, normal. Right Kidney 8 ounces, with cicatrix. Left lobulated. Large intestines 24½ feet long, Small 24 feet 9 inches. General serous effusion in the areolar tissue of the face trunk, and limbs, and into the abdominal cavity.

N° 803. Lobulated Kidney, situated at brim of pelvis.

b5.51a3

4251 Presented by Bv't Lt. Col. Edwin Bentley Surg. U.S.V. Washington D.C.

A lobulated Kidney, with anomalous disposition of pelvis and blood vessels; the later entering from above by two trunks, one anteriorly and one posteriorly; this Kidney was situated at the brim of the pelvis, and belonged to the left side; the left renal artery communicated in the normal condition and ran down to it; the left supra-renal capsule was in its normal situation or a little above it; the Kidney and supra-renal capsule of the right side, normal in position; the body was otherwise normal, in its relations, except that the left vertebral artery came off as a separate branch from the arch of the aorta. Rosa Green, a colored woman, aged 24, admitted Jany 31st 1866, for consumption. Died April 1866.

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No. 804. 68 No. 9. 4252

Hemicephalous Foetus at term.

Presented by Surg. E. Bentley from Freedmen's Hospital Asst. Surg. P. Glennon, U.S.V. in charge.

The mother was a young mulatto woman.

No. 805. 67 No. 2. 4253

Vascular Tongus of the head.

Presented by Dr. Bentley Contributor Hospl Alexandria
N. Dr. L. Noland in charge

a Foetus at term, the whole scalp covered with an irregular lobulated luxuriant

vascular fungus, which extends somewhat upon the face, disfiguring the features, and involves though in a much slighter manner, the upper part of the trunk and shoulders. The mother was a healthy young mulatto woman.

× See Micro. Nos 2520 – 2530

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No. 806-807. Peritonitis with secondary Foci in the Lungs.

645463 63A2B1

8254 & 8255 From autopsy made at Freedmen's Hospital, Washington D.C. By Dr. Samuel S. Bond.

No. 806. A section through the abdominal viscera, showing the intestines bound together by well developed adhesions.

No. 807. A portion of lower lobe of Left Lung presenting small pyaemic foci, about the size of peas.

History –

Edmund Green, age 13, admitted Janry 21st 1866. Died May 14th 1866. Diagnosis. Scrofula. Treatment. cathartics and alteratives. Feby 23d – 2 abscesses in groin; treated with poultices of flax seed meal; afterwards with Basilicon ointment; Alteratives continued, with extra diet, Porter, &c.

April 29th Diarrhoea; treatment the Subcarbonate of Bismuth and opium.

May 6th Cough with other symptoms of Tuberculosis of Lungs; treatment cough

mixture and whiskey, Porter, Iodide of Potassium, and Syrup of Iodide of Iron, ~~continued~~ with extra diet as before. ^ Autopsy 4 hours after death, a well formed mulatto boy, weight about 90 pounds, 4 feet 9 inches high, extremely emaciated, no rigor mortis, two abscesses in left groin below Poupart's ligament. Cerebrum 41 ounces, membranes congested, considerable effusion beneath arachnoid, 2 drachms of fluid in each lateral ventricle, choroid plexus dark and congested, lining membrane of lateral ventricles thickened and congested, Pineal gland very firm, substance of brain congested and firm, Cerebellum 5 ounces, membranes and substance slightly congested, firm; 4 ounces of serum in posterior fossae of Cranium. Right Lung 5½ ounces; Left Lung 6 ounces, contained a number of dark hard spots (Pyaemic Foci?), no effusions. Pericardium contained 1½ ounces of clear serum. Heart weighed 6 ounces, dark, flabby, and slightly congested, white clots in all the cavities, tricuspid valve slightly thickened, endocardium of left ventricle thickened. Liver 37 ounces, firmly adherent at all points, externally covered with a thick coating of lymph. Splenn 3½ ounces, normal. Kidneys each 3½ ounces, very much congested. Stomach and intestines agglutinated together into one conglomerate mass; mucous coat of bladder thickened, presented a congested patch; other urino genital organs healthy.

1 Died May 14-66

6413 M.S.

No. 808. Tubercular ulceration of the Ileum.

No 809. 6652 M.S.

From Autopsy made at Freedmen's Hospital Washington D.C. By Hospl Steward Daniel S. Lamb. U.S.A.

8256 to 8257

No. 808. A portion of Ileum showing tubercular ulceration of the closed glands.

James Evans, age 20, admitted May 3rd 1866, between 10 and 11 Oclock A.M. Died May 4th 1866 at 8 P.M. No Diagnosis given; Treatment ~~given~~ Ten grains of Dovis powder at bedtime.
Autopsy 28 hours after death; a well formed light mulatto man, 6 ft high, weight 180 pounds, rigor mortis partial, some emaciation. Cadaver covered with copper colored spots. Right lung 36 ounces, adherent at all points, lobes, inter-adherent, upper and middle lobes contained vomicae filled with crude tubercle, lower lobe congested and contained tubercles. Left Lung 20 ounces, numerous vomicae and tubercular deposits throughout, firm adhesions to pleura costalis; 4 oz fluid in each pleural cavity. Heart 12 ounces, adipose deposits on surface, clots in all the cavities, organ normal. Liver 79 ounces, very fatty, pons hepatis well marked, gall bladder contained ½ ounce of bile. Splen 9 ounces, lobulated, pale slate color externally, reddish, internally. Pancreas 4 ounces, apparently normal. Kidneys surrounded with fat and semisolid serum; each 5 ounces and fatty. Stomach congested; Duodenum congested; remainder of small and all the large intestines, showed extensive tubercular ulceration, deposits of tubercle on peritoneal surface opposite the ulcers; length of large intestine 4½ feet, length of small intestine 20 feet.

a few spicules of bone on longitudinal sinus. Cerebrum 41 ounces, membranes much congested, one drachm of fluid in each lateral ventricle, membrane lining ventricles congested, Choroid plexus congested; Cerebellum 7 ounces, membranes very much congested; substance of entire brain soft, much effusion of serum beneath the arachnoid; 2 ounces of serum in posterior fossae of cranium. Testis (generative organ) somewhat atrophied.

No. 809. Calvarium of same patient, showing incipient osteophytes on inner surface.

No. 810. Perforating ulcer of Ileum. — Enteric Fever.

6483513

8258

See duplicate 31.

Presented by Acty. Asst. Surg. J. H. Butler U. S. A.
West Buildings Hospital.
Baltimore Md.

A portion of Ileum showing a number of Typhoid ulcers, penetrating to muscular coat; an oval perforation exists in the lowest ulcer of the piece; the villi hypertrophied. See Microscopical Section, Nos. 2520 to 2530.

History-

William N. Peake, private, Co. C. 19th. Wis. Vols, aged 18; admitted Sept. 9th. 1864, from Army of the Potomac, having been sick two weeks with Typhoid Fever. When admitted, the symptoms were well-marked; pain in left Iliac region, which by the 13th extended over the whole abdomen, with tympanites; knees drawn toward the abdomen; face pinched, and the symptoms indicated peritoneal inflammation. Patient died on the 14th.

See Maryland Case Book 17 page 44.

Post-mortem examination, revealed some two quarts of yellowish matter in the peritoneal cavity, which had evidently escaped from the intestinal canal; agglutina-

tion of the intestines by false membrane also apparent. The Caecum and eight inches of the Ileum, were removed and opened, showing the glands of Peyer to be much altered, indurated at the edges, and softened in the centre; in the lower part of the bowel quite ulcerated away. In the middle of one of these patches, the ulceration had extended through the coats of the Ileum, allowing the contents to escape into the peritoneal cavity, which caused the inflammation, and the death of the man. (Specimen preserved). Case treated and examination conducted by Dr. J. H. Butler.

No. 811. Tubercular Caries of the Spine.

66 82 No 12

8259

Presented by Henry McElderry, Act. Asst. Surg. U.S.A.
Post Hospital, Fort McHenry,
Baltimore Myd.

Tubercular Caries of the ~~two~~ lower two Dorsal vertebrae, of the Lumbar vertebrae, and of the Sacrum; involving also the crest of the Ilium, and the Ischium of the left side.

Vertony

James Turpins, Private, Co. F. 37th. U. S. C. T.; aged 22 years. Admitted Feby. 20th. 1866, from the Hicks U. S. A. General Hospital, suffering with a severe pain, much increased on pressure, over the region of the Lumbar vertebrae, attended with loss of motive power in the lower extremities, with which was associated great constitutional debility and scrofulous cachexia. He stated that he had first contracted his sickness while in hospital at Fortress Monroe, Va., with frost-bitten feet, that it had commenced with pain in the back, which increased from day to day, until he was unable to use his lower extremities. An abscess had formed, and had been opened by the attending surgeon

shortly after his admittance into this hospital. This opening continued to discharge profusely, a quantity of very foetid and curdy pus; at times he was considerably troubled with incontinence of urine. About three weeks before his death, another large abscess formed lower down, over the junction of the last lumbar vertebra with the sacrum, which being laid open, discharged about a pint and a half of foetid curdy pus, followed by a quantity of yellow inspissated matter, in which little specks of necrosed bone could be seen. Carious bone could be felt through both of these openings. He continued to grow weaker from day to day, and was found dead in his bed by the night-nurse, early in the morning of April 10th. 1866, after having eaten his supper as usual the night before, and without having had any convulsion or other symptom of nervous irritation, except the paraplegia.

The treatment consisted essentially in the administration of alteratives and tonics calculated to support the vital energies, together with a good nourishing diet.

On post-mortem examination, the body was found much emaciated; rigor-mortis well-marked. Brain. The dura-mater normal; pacchionian bodies much larger than natural. About three ounces of purulent fluid escaped from subarachnoid space upon opening the dura-mater; vessels of the pia-mater somewhat congested. The surfaces of the arachnoid and pia mater in subarachnoid space, were covered with a thick layer of yellowish pus, which was especially marked in the situations of the anterior and posterior subarachnoid spaces, and between certain convolutions on the upper surfaces of the hemispheres; in these last situations, little sacks had formed in some cases in the sulci, which were filled with thick curdy pus. This matter on microscopical examination was found to contain a large quantity of half-disintegrated tubercular matter. The anterior horn of the left lateral ventricle, contained about two drachms of pus of the same character as that formed in other parts of the brain. The third ventricle also contained a small quantity of purulent matter. The

fourth ventricle was found full of pus, which seemed to have effected an entrance by breaking down the membranes forming the inferior boundary of the ventricle. The fifth ventricle was unusually large. The choroid plexuses of all the ventricles, were much engorged with blood. No tubercular masses could be discovered in the brain substance or in any of its membranes. The substance of the brain was of normal consitence. Brain weighed 39 ounces. The entire surface of the spinal cord was covered with pus.

Lungs. The pleural surfaces were adherent upon the left side, at their upper part. Both lungs were everywhere crepitant, except a portion of about two inches in width along the anterior edge of the upper and middle lobes of the right lung. This portion was of a leaden color, tough, fibrous, non-crepitant, and of greater specific gravity than water. No tubercles could be found in either lung, but the surface of these organs, was everywhere speckled over with melanotic matter. The bronchial glands were of normal size, but infiltrated with pigmentary matter. Right lung weighed 11½ oz.; Left lung 9½ oz.

Heart. This organ was somewhat enlarged, its muscular substance being hypertrophied; valves normal; cavities filled with whitish fibrinous clots; the upper surface of that occupying the right auricle, was distinctly grooved by the passage over it of the blood from the venae cavae. Heart weighed with clots seventeen (17) oz.

Liver had a yellowish brown color; under the microscope numerous fat granules were found in the cells of this organ. Weight 4 lbs 1 oz. Gall-bladder filled with bile of a greenish-yellow color. Spleen of a normal appearance; weight 5½ oz. Kidneys somewhat congested; Right weighed 6 oz.; Left 7½ oz. Supra-renal capsules normal; each weighed 2 drachms. Pancreas natural; weight 3½ oz.

Intestines and Stomach. The mucous membrane slightly injected in some portions. Mesenteric glands were enlarged and contained in some cases, deposits of tubercular matter. About 8 oz. of yellowish serum, were found in peritoneal cavity.

The lower dorsal, the lumbar, sacral, and coccygeal

vertebrae, were all diseased, and in some places extensively destroyed by caries; in the lumbar region, the ulceration of the vertebrae had proceeded to such an extent as to have eaten its way into the spinal canal and through the theca. The lymphatic glands in the inguinal and pelvic regions, were infiltrated with curdy pus. Pus was also found beneath the sheaths of both psoas magni muscles, having destroyed the greater portion of their muscular substance. Various abscesses were found of the fifth rib on the right side, and of the second and fourth of the left side, at the point of junctions with their respective cartilages. The end of the sternum was also carious as far up as its junction with the cartilage of the fifth rib. The pelvic bones were studded with spots of caries.

No. 812. Cul-de-sac from a case of Imperforate Oesophagus.

8260

See Trans. of N.Y. Path. Soc. 1871 Vol. 8 pages 47 & 48 for parallel case.

Presented by Surgeon Chas. H. Laub U. S. A.
Soldier's Home Washington D. C.

In this case of imperforate oesophagus, the upper portion of the tube terminated in the cul-de-sac which is the specimen, on a level with the bifurcation of the trachea. The lower portion of the oesophagus, communicated above with the bifurcation of the trachea posteriorly. The child lived to be 11 days old. It was able to swallow small quantities of liquid, which in passing through the trachea, produced a gurgling sound.

History. Lucy Mack, aet 11 days, daughter of Col. Mack, Soldier's Home. Had not been able to swallow since birth. Food apparently stopped about an inch below summit of sternum. No fecal discharge except a little muco-biliary matter. Died Sept. 16th. 1866, at 1 P.M.

by Dr. Lamb

Autopsy twenty-three (23) hours after death. Abdomen opened. Stomach and intestines distended with air; and contained a small amount of greenish matter, semi-fluid. Liver extended to beneath the ribs of left side, over nearly the whole upper abdominal front. Gall-bladder filled with dark green bile. No further abnormity noticed.

Bougie inserted into the mouth. The rigor-mortis prevented entrance into the oesophagus. It was then passed carefully up from the stomach, and obstructed at about the summit of the thyroid cartilage. Thorax opened. Thymus gland large and of a pinkish color. Lungs and heart apparently healthy. An examination showed the end of the bougie in the trachea. Using the bougie as a director, and cutting carefully upward, the communication of the lower part of the oesophagus with the trachea at its bifurcation, was found complete. Bifurcation of trachea into bronchi found perfect. Immediately behind the bifurcation, the upper portion of the oesophagus, was discovered terminating in a cul-de-sac. Autopsy performed by Hosp. Std. Danl. S. Lamb U.S.A.

No. 813. Scirrhus of Pyloric extremity of Stomach.

64526.3

42G1

Presented by Surgeon Chas. H. Laub U.S.A.
Soldier's Home, Washington D.C.

History. William Murchada. Admitted to Soldier's Home July 16th 1866; and to the hospital of the same Aug. 2nd, suffering from an obscure abdominal affection, with obstinate vomiting. Died in the morning of Aug. 28th.

Autopsy same day at 11 a.m. by Hosp. Std. Danl. S. Lamb U.S.A. Head not examined. Thorax-lungs found healthy. Deposit of fat around base of Heart, and slight atheroma of aorta just above valve.

Abdomen puffed out. The pylorus was found in the hypogastrium, just above the summit of the bladder, which was empty. Stomach enormously distended by its contents. Duodenum displaced to agree with the displacement of the pylorus. Intestines first examined. Serous coats everywhere inflamed. Duodenum showed shaven-beard deposit in pyloric extremity. Mucous membrane of intestines apparently healthy. Transverse colon somewhat distended with air. Caecum, sigmoid flexure and rectum, contained a large quantity of faeces, healthy in color and consistence. At the junction of the epigastric and umbilical regions, there were several ounces of thick white effusion, probably lymph. Left lobe of liver, spleen, pancreas, lesser curvature of stomach, and diaphragm, inter-adherent. No perforation was found. On slitting open the stomach, at the pylorus, was found a spongy mass, the breadth of the palm of the hand, in some places a half inch thick, and quite vascular; some small ulcers in the mass, and one large one, half an inch deep. The contents of the stomach consisted of rice food, of which the patient had been partaking from day to day, apparently undigested. The gastric coats were much thickened, vessels congested, follicles prominent. The pylorus before slitting was 1½ in. thick, and felt like a rubber cylinder. The obstructing mass readily admitted the little finger from the duodenum to the stomach. The Liver showed an atrophied spot an inch in diameter, and an eighth of an inch deep on its upper surface, just over the site of the gall-bladder. Hepatic substance healthy. Gall-bladder filled with yellow bile. Spleen small, dark, intensely red, and very soft; slight pressure breaking down its substance. Kidneys without lesion.

No 814.

8262

Taenia Solium.

Presented by A. S. Comfort,
Actg. Asst. Surgeon U. S. A.
Sibley Barracks, Nashville, Tenn.

Upper extremity of Taenia Solium, four feet long. For the head of this specimen, see Microscopical series No. 1865 to 1869.

History. August Voelkey, Private, Co. F. 3rd. Batt. U.S. Inf. 16th Regt.; enlisted in the service of the United States Feb. 24th. 1864. Aet. 24. Born in Siegenhain, Hesse Cassel, Germany. For one and a half years, was a soldier in his native country; at the expiration of his term of service, March 1863, he went to England, and shipped aboard a British merchantman, engaged in the East India trade, making occasional voyages thence and to other ports. He enjoyed uninterrupted good health until Feby. 1865. One evening, about 9 P.M. when at Cartha-

gena Spain, after drinking a glass of gin, and retiring to rest, he was suddenly seized with excruciating pains in the abdomen, and free purgation with castor oil, caused him to pass about five feet of a tape worm, and afforded him immediate relief. He resumed his duties on the subsequent morning. He now enjoyed good health, suffering no inconvenience until Nov. 1865. While then in London, he suffered a similar attack, though much less severe, during which he passed a section of Taenia Solium, about one foot in length. At Sibley Barracks, Nashville, Tenn. April 12th. 1866., he evacuated a section of Taenia, eight feet long, "en masse", attended with considerable suffering, though not so much as to call upon the Surgeon for relief, nor to claim to be excused from duty. He was however taken upon the sick report for treatment, and oil of turpentine administered with little or no effect, he passing sections of one or two joints from day to day. After a sufficient trial, the oil of turpentine was discontinued, and no fur-

ther treatment resorted to until July 9th. 1866, when Dr. Comfort commenced the following. The bowels were evacuated by the administration of one ounce of castor oil, the patient fasting for a period of twenty-four hours, commencing with the administration of the oil. Eight hours after the oil was taken, Dr. C. commenced giving pumpkin seeds, prepared in the following manner. The kernels of one pint of seeds, were denuded of their envelopes, then placed in a mortar and triturated, water being added until they were reduced to the consistency of cream. This was drunk at three draughts, at intervals of two hours each. On the following morning, the Taenia Solium was evacuated, attended by violent pains in the abdomen.

1866

Nos. 815 to 821 — Fever complicated with enlarged and ulcerated colon follicles.

8263 to 8269 U.S. to be supplied

Presented by Bvt. Maj. Wm. Thomson A.S.U.S.A.
Washington Post Hospital. D. C.

See Microscopical Section, Nos. 7458 to 7461, 7466 to 7479, 7481 to 7489.

Nos. 815, 816, and 817. Successive portions of lower part of Ileum; Peyer's patches much thickened and ulcerated; solitary follicles enlarged to rounded tumors nearly the size of peas, many of them ulcerated at the apices; villi greatly hypertrophied.

No. 818. Caecum, 819 from the ascending, 820 from the transverse, and 821 from the descending colon; the solitary follicles in all enlarged to tumors the size of peas, with ulcerated apices; the tumors are largest in the transverse and descending colon.

History by G. P. Kanawalt, Act. Asst. Surg. U. S. A.

Private George Hayes, co. B. 12th U.S. Inf, age 25, was admitted from Russell Barracks Aug. 25th. 1866. Diagnosis Typhoid Fever. On admission he was found quite stupid, but could be readily be aroused. In the afternoon of the 26th. he became delirious, and during the night, constant watching and restraint were required to keep

him in bed. This continued until the forenoon of the 27th, when almost complete loss of sensibility ensued. The patient could not swallow; an attempt was made to give him beef tea, a spoonful of which almost strangled him. Heavy stupor continued until about noon of the 28th, when death occurred.

Post-mortem five hours after death. Opacity of arachnoid at the base of the brain, with some effusion of lymph just below the medulla oblongata, on the posterior portion of the spinal cord. Intestines as described in the specimen. Other viscera healthy.

"Priv. George Hayes co. B. 12th. Inf. was confined in the Guard House at this Post (Russell Barracks) from May 10th, until he was sent to the Washington Post Hospital. He commenced complaining about the 1st. of August of Diarrhoea, and was excused from fatigue duty. He had not been on sick report previously. Soon after symptoms of Typhoid fever appeared, and he was sent to the Post hospital. (Sgd). Edwin Bentley, Asst. Surg. U.S.A."

1866

Nos. 822 and 823 — Cystic disease of the kidney.

65 S 16 14 & 75

8270 to 8271

Presented by Asst. Surg. Edwin Bentley U.S.A.
Washington D. C.

No. 822 The right, 823 the left kidney, presenting innumerable cysts, the largest the size of a hen's egg, the smallest of extreme minuteness. In each kidney, the renal artery, before approaching the pelvis, sends off a small branch to the upper portion of the organ.

History.

Henry Ferrell, aet. 23, admitted to Campbell Hospital Sept. 5th. 1865. Tongue covered with a thick brown fur; frontal headache; bowels costive; slight pain on pressure over right hypochondrium; incontinence of urine. Buchu administered without effect. Patient seemed to have lost control of most of the voluntary muscles, drags his legs when walking, arms and legs tremble constantly, is unable to stand up without external support, mind wanders, he imagines unreal occurrences, appetite

good; patient is hard of hearing, and when asked a question, has to be aroused before he can be made to understand. Discharged Nov. 28th. 1865, apparently cured. Readmitted April 14th. 1866, with symptoms less marked, but there was general anasarca, sometimes extending to the face; great dyspnoea and cough. Died July 9th. 1866.

Post-mortem examination 24 hours after death.

African; well-developed; no rigor-mortis; slight emaciation; lower extremities very oedematous. Height 5 ft. 7 1/4 in. Chest square, in girth 36 in. Head. About 2 oz. of fluid in subarachnoid cavity; choroid plexus congested; brain firm and normal; weight of cerebrum 41 1/2 oz., of cerebellum 7 oz; ventricles empty; lateral sinuses full of black coagulum. Thorax. Left pleural cavity contained 64 oz. of reddish straw-colored fluid; a large patch of red hepatization in each lobe of each lung; weight of right lung 25 1/2 oz.; of left lung 20 1/2 oz. Heart weighed 19 1/2 oz; black coagulum in the each cavity; fatty degeneration of the walls of the ventricles; organ enlarged, its surface showing marks of old pericarditis; patches of atheroma on first portion of the arch of the aorta. Abdomen. Liver cirrhosed; weight 116 1/2 oz. Spleen soft; weight 10 oz. Kidneys dark red and congested, full of cysts as above; weight of each 6 1/2 oz. Pancreas weighed 2 1/2 oz. Capacity of stomach 16 oz, of bladder 2 oz. Length of small intestine 25 ft.; of large intestine 5 ft.

K. A. M. M. July 10-66.

Melanotic cancer.

Nos. 824 to 831.

General Melanosis.

628363

8212 to 8219

825 665 No. 4.
826 628364
827 828-635 2 + 1 + 2
829-644 5 711
830-644 6 a1
831-655 1 E1

Presented by Apt. Surg. Edwin Bentley U. S. A.
Washington D. C.

No. 824. A lobulated melanotic tumor weighing 13 oz., removed from Scarpa's space on the left thigh.

No. 824 Duplicate 64.

No. 825 A spindle-shaped melanotic tumor, 5 in. long, 2 in. broad, weighing 6 oz. This tumor occupied the belly of the pronator radii teres muscle of the right forearm.

No. 826. A spindle-shaped tumor, 5 in. long, weighing 2½ oz., which was situated over the left clavicle, and upper portion of the sternum.

No. 827. The lower lobe of the left lung, presenting a number of rounded melanotic nodules, chiefly in its lower part. At the point where the bronchus enters the lobe, are two large oval melanotic nodules, the larger over an inch in long diameter, each enveloped in a distinct membrane.

No. 828. A portion of the lower lobe of the right lung, presenting a lobulated melanotic mass about the size of a hen's egg, at its inferior angle.

No. 829. A section of the liver, presenting several melanotic nodules, the largest over ¾ inch in diameter.

No. 830. A portion of pancreas, presenting a number of melanotic nodules, the largest about the size of a pea.

No. 831. Right kidney, the pelvis of which is occupied by a rounded melanotic nodule, about 1½ in. in diam. Microscopical examination. This specimen was received in alcohol, the melanotic masses were soft, and their characters could be made out with difficulty. The nodules appeared to be composed of irregular more or less polygonal cells, about 1/1000 inch in diameter, with large oval nuclei, containing brownish-black pigment granules. There was however an immense amount of pigment in free granules, whether derived exclusively from broken-up cells or not, cannot be positively stated.

History.

Robt. Butler, colored, aet. 60, admitted to Campbell Hospital June 21st. 1866. Diagnosis - Remittent Fever. Died July 7th 1866. at 4 A. M.

Post-mortem examination 8 hours after death.

An old gray-haired African, flat chest, slight rigor mortis, some little emaciation, height 5 ft. 6½ in., girth

of chest 33½ inches, approximate weight 150 lbs. An indurated dry ulcer on the inside of the left great toe. Hard prominent tumors from the size of a pea to that of a walnut, over the front of the chest; a tumor over the left clavicle; a hard tumor in the belly of the pronator radii teres muscle, of the right forearm. A large tumor on the left thigh in Scarpa's space. On removing it, the femoral vessels were exposed, but the tumor was easily separated both from them and ~~the~~ the lymphatic glands. The tumor over the clavicle, had pressed on the sternum and clavicle; and the inner portion of the latter, and the upper third of the former, are black and carious. Head. Brain very soft; collapsed when removed and laid on the table; a black matter like coagulum about the size of a walnut in the right corpus striatum; weight of cerebrum 43 oz.; of cerebellum 6 oz.; about an ounce of fluid in subarachnoid cavity. Thorax. Cartilages of ribs ossified. Lungs inflated and free from adhesions; each pleural cavity contained an ounce of straw-colored fluid; lower lobe of each lung, presented large melanotic tumors; a few scattered through the upper lobes; weight of right lung 22 oz., of left 21½ oz. Weight of heart 10 oz.; a black tumor on the right auricle; 5 oz. of straw-colored fluid in the pericardium. Abdomen. Liver, spleen, and pancreas, filled with black melanotic masses. Weight of liver 7½ oz.; spleen 8 oz.; pancreas 2 oz. Kidneys fatty; weight of right 7 oz.; of left 6½ oz.; a melanotic tumor filling up the pelvis of right kidney. Capacity of stomach 16 oz.; three or four small black tumors on the parietes. Length of small intestine 22 ft.; of large intestine 5 ft.; Melanotic ulcers and patches all through the intestines. Capacity of bladder 2 oz.; two black tumors in its walls.

R. A. M. M. July 7-66

No. 832. Taenia solium.

64/3129

4280 Presented by A. A. Comfort, Act. Asst. Surg. U. S. A.
Sibley Barracks. Nashville Tenn.

A taenia, 6 ft. long, expelled from the bowels of a soldier of the 3rd. Batt. 16th. Inf., Sibley Barracks, Nashville Tenn. The head and a few of the adjacent segments, are preserved for microscopical examination.
(2) 1865 to 1869
See No. ~~1675~~ Microscopical series.

R. H. M. July 29-66.

No. 833. Fibrous tumors of the Uterus.

6555 B1

4281 Presented by Asst. Surg. Edwin Bentley U. S. A.
Washington D. C.

Uterus presenting a number of fibrous growths imbedded in its parietes, some projecting internally, some externally. Length of organ 3½ inches, greatest breadth 4 inches.

History.

Jane Eperton, colored, age unknown, admitted to Campbell Hospital June 24th. 1866. Diagnosis Paralysis. Died July 3rd. 1866.

Autopsy 12 hours after death.

Body well-developed; height 5 ft. 4 in.; girth of chest 28¾ in.; approximate weight 100 lbs. Head. 2 oz. of coagulated blood in left lateral ventricle; an old vertical cicatrix in corpus striatum of right side, extending from summit to base; weight of cerebrum 3 lb 4 oz.; of cerebellum 5½ oz.; 2 oz. of fluid in subarachnoid cavity. Thorax. No adhesions; both lungs collapsed; middle lobe of right containing yellow suppurating tubercles; left lung sound; weight of right 12 oz.; of left 11 oz. Heart normal, weight 9 oz., cavities empty. Abdomen. Liver fatty in patches; weight 4 lb 3 oz. Spleen firm, very small, weight 2½ oz. Cortical structure of both kid-

neys, very light-colored; pyramids red. Weight of each kidney 4½ oz.; Pancreas 1½ oz. Capacity of stomach 32 oz.; of bladder 2 oz. Length of small intestine 26 ft.; of large intestine 5½ ft. Uterus as described above.

R. A. M. M. Sept 7 – 66.

No. 834. Chronic Dysentery.

6453611

8282 Presented by Asst. Surg. Wm Perry 9th U.S.C.T.
Post Hospital, Brownsville Texas.

A portion of colon, with extremely minute follicular ulcers.

History.

Private Alfred Dandridge, Co. B. 2nd. Batty. U.S.C.T., age 25. Entered my ward Oct. 6th. 1865. Patient has had diarrhoea with some blood and straining for more than a month. He is thin, just able to walk about, has some tenderness in the right lumbar and left iliac regions. Five or six semi-solid stools daily, with some muco-purulent matter and blood. Occasionally pain and tenesmus. Poor appetite. Pulse 93 and irritable. Treatment. To cover the body with clean flannel underclothes. To take a pill of half a grain each of opium and ipecacuanha, and alum three grains, every four to six hours. Diet, farina, beef tea, and crust coffee. Oct. 13th. improving. Continue treatment. Oct. 20th. patient on his legs. Diminish pills to two or three daily. Oct. 26th. He had improved in health and spirits but became careless of diet; was not quite so well, though nothing serious seemed to threaten. It was necessary to repair the ward, and he was removed from my care. Died during the night of Nov. 2nd. I learned that he had been taking whiskey and laudanum. The diarrhoea was checked for thirty hours, then convulsions came on and soon after, death.

Autopsy Nov. 3rd. 1865.

Not so much emaciated as when first seen; well-built form.

Pupils dilated. The kidneys were about one-third larger than usual. Jejunum normal. In the ileum, three inches above the ileo-coccal valve, was an ulcerated patch, three inches long by three-fourths of an inch wide, red and raw, entirely through the mucous membrane. The whole colon was somewhat congested, with extremely minute follicular ulcers. Head not examined.

Note. Seven patients, chronic cases, died last night (i.e. Nov. 2nd). Death doubtless hastened by the sudden change of temperature, ("d'Norther" - steady wind from the North), after a long period of hot oppressive weather. Only three had died the previous five days. Nov. 2nd. 1865. Sunrise 51°, noon 60°, 9 P.M. 54° F. Monthly mean for October (from six observations daily) 76° F.

R. A. M. M. June - 1866

No. 835. Tubercles of Spleen.

164.17.16

4283

Presented by Asst. Asst. Surg. Ira Perry 9th U. S. A. C. T.
Post Hospital Brownsville Texas.

Spleen containing numerous tubercles, about the size of peas.

History.

Bigton Stevenson, Private, co. K 19th U. S. C. T., age 25, entered hospital Dec. 24th. 1865. Diagnosis - debility. He did not suffer much, but was weak and incapable of exertion; had suffered from Scurvy, the symptoms of which had abated; had some diarrhoea at times and dyspnoea after walking or taking a hearty meal. Feb. 10th. 1866. to the time of his death, he had much dyspnoea, with hurried respiration and general distress. Treatment - tonics, stimulants, anodynes, nourishment and occasional sinapisms. Died Feb. 18th. 1866.

Autopsy 20 hours after death.

Full black; body, face, and limbs, round and soft. Thoracic cavities full. Left lung adherent, and partially filled with grey miliary tubercles. The pleura costalis was covered

into an uneven layer of compact tissue, yellowish, half an inch thick, with a gritty sound on cutting. A similar layer coats the lower lobe of the right lung. In this thickened structure were lobular masses of yellow tubercle, small and large, from the size of a pea to two inches long, one inch wide and 3/4 inch thick. This diseased structure seems blended with the intercostal tissue, outside of the pleura costalis. The right lung was everywhere adherent. In the upper and middle lobes, are small masses of hard and soft yellow tubercle of various sizes. The lower lobe of the right lung, had lost every part of its normal structure, except its lobular shape. It was of a yellowish color and the consistence of jelly. The pericardium contained 8oz. of serum. Heart pale and hypertrophied; the right auricle nearly filled with a white spherical clot; left auricle and each ventricle contained each, a small white clot. Liver large, of a light yellow color. Spleen weighed 10 oz; reddish color externally and internally; thickly studded with whitish tubercles, the size of peas. Kidneys pale. Mesenteric glands enlarged and soft.

R. A. M. M. June 1866.

No. 836. Triple Spleen.

6427a4

8284

Presented by Asst. Surg. Ira Perry 9th. U. S. C. T.
Post Hospital. Brownsville Texas.

Spleen somewhat enlarged, 5 inches long, with two supernumerary spleens, about 1½ inches in diameter.

History.

George Hofman, Private, co. E. 34th. Ind. Vols., age 30; admitted Dec. 15th. 1865. Diagnosis- General debility, with occasional Diarrhoea. History previous to admission, not well known; only that he "had scurvy", and "was not well yet." Died Jan. 22nd. 1866.

Autopsy 18 hours after death.

A white man, medium size, pale, emaciated, black hair. Thoracic cavity full. Pericardium contained 3 oz. of

dark serum. Heart normal; right auricle and ventricle, each contained a large white clot; left auricle a black clot. Left lung normal. Middle lobe of right carnefied; sinks in water. Liver dark purple; large and congested. Gall-bladder small, contained half an ounce of bile. Kidneys large, with a black patch on the upper end of each. The black portion was 1½ inch in diameter and ½ inch deep; texture firm. Pancreas normal. Spleen large, weight 12 oz; the part of the spleen next to the kidneys was like the patch on the kidney; the rest of the organ of a dark purple color. The spleen was triple; one large and perfect; the others about 1½ inches in diameter, quadrangular in shape, and each supplied with blood by a branch from the splenic artery, and connected to the large spleen by areolar tissue. Small intestine nearly normal. Large intestine congested throughout; valvulae conniventes large; ascending and transverse colon narrowed in calibre; mucous and muscular coats highly congested, with thickened longitudinal patches of the color of muscle, somewhat pale; descending colon less congested but narrowed in calibre in the lumbar region, in three places by bands of peritoneal adhesions, nearly obstructing the passage. Mesenteric glands were enlarged and apparently altered in structure. Urine during the last month contained no albumen, nor showed any other abnormal appearance.

RAMM – June 1866.

No. 837.
64 53 b 12
8285

Follicular ulceration of the colon.

Presented by Asst. Surg. Ira Perry 9th. U. S. V. V.
Post Hospital Brownsville Texas.

A portion of the sigmoid flexure, thickened, with a number of irregular ulcers of moderate size.

History.

Private John Folls, co. G. 118th. U. S. V. V., age 40; entered hospital July 28th. 1865. Says he had diarrhoea some weeks, in

regiment; much fatigue duty and poor diet. He is thin, weak, dispirited, has seven to ten stools daily, and some abdominal tenderness. Treatment, opium, ipecacuanha, and alum; to take a pill made of half a grain each of the first two, and three grains of the last, every four to six hours. Sept. 2d. Much improved. Use the pills as needed, but rely upon the iron and quinia. Oct. 14th. Doing well, until within a few days; got his feet wet, and ate heartily. Diarrhoea came on with violence, and continues with some fever. Died Nov. 3rd. 1865.

Autopsy.

Costal cartilages ossified. Did not open chest. The whole portal circle, especially the ramifications of the superior mesenteric veins on the jejunum and ileum, was distended. Ileum contracted, and some portions of mucous and muscular coats congested. Colon congested throughout. Middle coat of sigmoid flexure and rectum, two or three lines thick, and white like cartilage; mucous membrane thick and firm. There was also a number of ulcers, with numerous hard, round, elevated patches three to eight lines in diameter, in the sigmoid flexure. No other unusual appearance.

R. A. M. M. Surg. 1866.

↓Nos. 838 to 840. Moderate enlargement of closed glands of ileum; thickening and follicular ulceration of colon; cribriform aortic valves.

6453I24

839 6253181

6453I25

8286 to 8288 Presented by Asst. Surg. Ira Perry 9th. U. S. V. Post Hospital Brownsville Texas.

838. A portion of ileum, with pinhead enlargement of solitary follicles, and slight thickening of the Peyer's patch.

839. A portion of the sigmoid flexure, greatly thickened, with small follicular ulcers.

* 840. Aortic valves, slightly cribriform on their edges.

* Ileum - Colon & Sigmoid Flexure

History.

Emil Senn, citizen, born in Switzerland, age 29, entered hospital Feb. 6th. 1866. Had been sick three weeks at Post hospital at Edinboro Texas, previous to arrival here. He was emaciated, with thin stools, which were yellowish and tinged with blood, and some lormina; he is active but restless. Treatment. To take a draught of one ounce of castor oil, one drachm of oil of turpentine, and ten drops of laudanum. Follow with "Hope's mixture," and an enema of starch and laudanum, if needed. Feb. 16th. Doing well; sits up some and wants to eat much. Feb. 18th. Worse. Continue treatment. March 12th. Disease controlled but a few days at a time; gradually intensifies. Treatment unsuccessful. Died March 15th 1866.

Autopsy 5 hours after death.

Middle stature, fair skin, light hair, emaciated. Cavity of thorax dry. Heart and lungs small, did not fill one-half the cavity. Heart contained a small black clot. No fluid blood found in the entire body. Semi-lunar valves of aorta sieve-like near their upper border. Spleen slightly enlarged. Liver facon-colored throughout; no red blood in it; is hard, but readily tears; of full size. Gall-bladder small, contained half an ounce of thick bile. Kidneys small. Supra-renal capsules large and flat. Stomach pale; it and the jejunum contained six ounces of light green fluid. Mucous membrane of ileum much congested, and of a bright red color, with enlargement of solitary follicles and slight thickening of Peyer's patches; an ulcerated patch one inch long and half an inch wide near the caecum; also a few soft patches. Mucous membrane of colon congested throughout, of a dark red color and much thickened, especially in the rectum. There were small ulcerated patches two inches from the anus, and follicular ulcers throughout. Mesenteric glands enlarged.

R. M. M. June 1866.

No. 841.
A 55201

8289

Yellow tubercle of Left Supra-renal capsule.

Presented by Asst. Surg. Ira Perry 9th. U. S. C. T.
Post Hospital, Brownsville Texas.

Left supra-renal capsule, infiltrated with yellow tubercle.
History.
Private Jacob Grundy, co. A. 118th. U. S. C. T., age 20, admitted about Aug. 10th. 1865. Symptoms of scurvy appeared while with his regiment, about the middle of the previous July, and increased in intensity up to the time of admission. He is now weak, languid and dispirited; gums turgid and swollen, of a dark purple color, and readily bleed. Teeth loose; tongue foul; voice husky. Bowels loose; and worse when he drinks freely of water or coffee, or eats much of the army ration as usually cooked. Treatment. A gargle of half an ounce of chlorate of potash to a pint of water, to be used every three hours; a solution of ten grains of nitrate of silver to an ounce of water, to be applied on pledgets of lint twice daily to the ulcers in the mouth. Internally, of quinia two grains and tincture of the muriate of iron ten minims three times a day; also half an ounce of finely grated raw potato in vinegar twice a day, and of whiskey an ounce three times a day, with nutritious diet. Sept. 1st. Symptoms of scurvy have nearly disappeared, but the diarrhoea is not essentially different; three to eight stools a day. Treatment. To take half an ounce of chlorate of potash, fluid extract of cinchona an ounce, aromatic sulphuric acid an ounce, water thirty ounces; of the mixture, a tablespoonful to be given every eight hours. Opium and camphor pills as needed. Special diet. Sept. 25th. Diarrhoea nearly disappeared; patient on his legs, hopeful and with good appetite. Continue treatment. Oct. 1st. Patient still improving; is sent to convalescent ward. Oct. 8th. Somewhat delirious on rising this morning, wanted to fight, was not disposed to obey orders. Did not complain of pain or distress. Respiration slightly affected on the right side; dulness on percussion over lower lobe of right lung. Treatment. Mustard plaster to right of chest, and linseed tea internally. Oct. 9th.

not so much excited; lies quiet in bed. does not complain at all; mind not clear, pulse quickened. Treatment; repeat mustard to side of neck, and to take six grains of Dover's powder with hot whiskey punch. Oct. 10th. Insensible; takes medicine, but refuses food. Died at 1 P.M.

Autopsy. &

Cadaver, small size, flesh thin. The usual marks of scurvy were seen on the legs and in the mouth. Thorax. Lungs small; nearly the whole of the lower lobe of the right carnified, solid, sinking in water. Heart weighed 5½ oz. Pancreas about half the usual size. Spleen weighed 10 oz. Kidneys of a dark red color. Supra-renal capsules large, with structure altered, apparently tubercular. Liver hard, of a rusty-brown color, with scattered tubercles. Gall-bladder full of bile. Stomach and jejunum normal. Ileum normal, except the last twelve inches, the mucous membrane of which was dark red and thickened. Ascending and transverse colon normal in size, but quite dark-colored externally; mucous membrane of a dark red color, with longitudinal rugosities, thickened in places. It had the appearance of partially disintegrated muscle. Descending colon and rectum only an inch in diameter, with firm, quite white, and thickened walls, calibre about half an inch; mucous membrane uneven and mottled with dark patches.

R.A.M.M. June 1866.

J; Co. 8 H 2. — Cribriform aortic valves.

L 251 ⅛ 2

8290 — Presented by Asst. Surg. Sra Perry 9th U. S. C. T.
Post Hospital, Brownsville Texas.

Aortic valves, slightly cribriform on their edges.

History.

Private James Gale, co. "C" 9th U. S. C. T., entered hospital July 22nd. 1865. Diagnosis - Dysentery. Transferred to my ward Aug. 10th. Stated he had been attacked about the first of the month, while on duty with his regiment. Since entering

hospital, he had been in a tent, lying in his blanket on the ground, as most of the patients were. Present condition; very weak, thin, gums dark red, ulcerated and spongy, teeth loose, legs oedematous, dispirited, appetite poor, no dysentery at present. Treatment; to gargle every two hours with chlorate of potassa, half an ounce to the pint of water. An ounce of whiskey, twenty grains of citric acid in sugar and water, with a mixture of two grains of quinia and ten minims of tr. chlor. iron thrice daily. Vegetable diet; at least two ounces of tomatoes three times a day.* Aug. 15th. better; add to the foregoing treatment an ounce of finely grated potatoes, with vinegar twice daily when possible. Aug. 20th, doing well, walks about, but legs oedematous, and some ulcers longer on gums and cheek. A lotion of nitrate of potassa, one ounce to the pint each of vinegar and water, applied to the legs. A solution of nitrate of silver ten grains to the ounce of water, applied daily on lint to the mouth ulcers. Aug. 25th. Patient apparently gaining; good appetite and spirits; mouth nearly well. Was transferred to another ward; subsequent history not known to me. He died Sept. 13th. 1865. Diagnosis of attending physician — diarrhoea.

Autopsy.

Cadaver slender; some emaciation; some oedema of legs. Right cavity of thorax contained two pints of bloody serum. Lower lobe of right lung nearly hepatized; portions sink in water. Left lung normal. Pericardium full; contained four ounces of clear serum. Heart flaccid. Aortic valves attenuated, and cribriform on the edges. Liver normal in size, but tough; gall-bladder full of healthy bile. Stomach and pancreas normal. Spleen weighed 10 oz. Kidneys fatty; pyramids nearly obliterated; weight 6 oz. Bowels pale, otherwise normal; quite clean, with a fresh smell. Mesentery thickened and pale; covered with a layer of yellowish oleaginous lymph, about an ounce of which floated with two ounces of serum in the pelvic cavity.

Remark specially in this case the absence of thickening or signs of previous inflammation of the bowels to account for the diarrhoea.
Note. From July 22nd. to Sept. 13th., the temperature ranged from 73° to 105° F. in the shade. Atmosphere moist; ground around hospital wet; rain nearly constant from Aug. 24th. to 29th.
*This could not always be obtained.

R.A.M.M. Jun 7 66.

No. 8443. Sarcomatous tumor of the Dura mater.

1/100

Presented by Surg. J. C. McKee U.S.A.
Lincoln General Hospital, Washington D.C.

A ovoidal sarcomatous tumor 1½ inches in long diameter, attached to the dura mater, just above the anterior face of the petrous portion of the temporal bone of the right side. The tumor was composed chiefly of small cells, 1/1000 or less of an inch in diameter with very small nuclei.

See Localities Diseases Brain Volume 5.

8291

History by H. M. Dean Act. Apt. Surg. U.S.A.

Angus McDonald, age 50, Private, co. K. 9th. Mass. Vls., admitted Nov. 23rd. 1863. When I took charge of the ward, March 20th. 1864, found the patient in a semi-comatose condition; the vessels of the head and neck very much congested. Bowels costive. Has had several attacks (of which there is no record), supposed by the attending surgeon at the time (Dr. A. M. Allen), to have been Apoplexy. Directed a pill containing 5 grs. compound extract of colocynth with one drop of croton oil. March 21st. is up, about the ward, and feeling very much better. Mch. 23rd. Is again feeling poorly, but not confined to his bed. Bowels again costive. Has never had paralysis of any of his limbs. Directed the same pill as before, and produced an operation in the afternoon. Mch. 24th. Says he feels better than he has done for a long time. Mch. 25th.

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See Specimen 16 Dentral Collection page 56.

8291

was called to see him at 7 A. M., as he had been taken suddenly, and was supposed to be dying. Found him entirely unconscious. The vessels of his head and neck very much congested, giving the surface nearly the color of a boiled lobster, and very hot. Pupils very sluggish. Pulse 100 and quick; hands closed with the fingers grasping the thumbs; was breathing with a great deal of difficulty, as his throat appeared to be partially stopped by a quantity of thick, frothy, tenacious mucus, portions of which were expelled with great difficulty. Temperature and color of extremities, normal. Ordered his legs to be bathed in hot mustard water, and thoroughly dried by rubbing with a towel, also dry cups to his back and shoulders, when he seemed to rally a little, but soon began to sink again, and died quietly at 8½ A. M.

Autopsy 6 hours after death, by Dr. Dean.

Height 5 ft. 5 in. Body well developed and very fleshy; fat covering abdomen nearly 2 inches thick. Post-mortem rigidity well marked. Brain 40 oz. rather anaemic; convolutions considerably flattened, especially on the right side. Attached to the dura-mater, an inch above the external ear, or petrous portion of the temporal bone, on the right side, was a tumor, 1½ inches long, and 1¼ inches wide, with a narrow pedicle, extending into the brain substance. Around the tumor, which was of firm consistency, whitish centrally, becoming pinkish towards the surface, which was smooth and well-defined, was considerable softening of the brain tissue. Brain otherwise normal. Weight 40 oz. Lungs healthy, the right fuller of blood than the left. Weight of right 14 oz.; of left 12 oz. Pericardium extremely loaded with fat, contained 2 drachms of serum. Heart covered largely with fat. Its valves and muscular tissue healthy. Arch of aorta somewhat dilated; showed small patches of atheroma. Liver healthy, weighed 56 oz. Pancreas healthy, 3 oz. Spleen near its centre externally, had an opaque spot, about one inch in diameter; otherwise normal; weighed 6 oz. Kidneys healthy; weighed each 5 oz. Intestines and bladder healthy.

R. A. M. M. Aug 1 - 66.

No. 844. Sarcomatous tumor of the Brain.

6181B6.

4292

Presented by Actg. Asst. Surg. H. M. Lilly U.S.A.
General Hospital No. 13. Nashville Tenn.

Oval sarcomatous tumor of the brain 2 inches in its long diameter. Microscopically composed chiefly of small fusiform cells and coated on the external surface with a delicate envelope of connective tissue. There is no history of the case. Dr. Lilly, who sent the specimen, states that the attending physician mentioned the existence of brain symptoms, and supposed the day before the patient died, that he was suffering from softening of the brain. The tumor was situated immediately beneath the tentorium on the left side in close connection with the 7th. pair of nerves, which appeared to enter it on one side, and emerged from it on the other. It was attached to the orifice of the meatus auditorious internus, and lay in a cavity hollowed in the left hemisphere of the cerebellum. It appeared to have no attachments except to the 7th. pair. When fresh it resembled brain tissue to the naked eye.

R. A. M. Augt. 66.

No. 845.

655463

4293

Tubercle of the Prostate gland.

Presented by Asst. Surg. Edwin Bentley U. S. A.
Washington D. C.

Posterior portion of the bladder with the vesiculae seminales and prostate attached. The left lobe of the prostate enlarged enlarged to the size of a small walnut, has been split open and exhibits a mass of softened tubercle the size of a hazel nut.

History.

Basil Snowden, colored, age 40, admitted to Campbell Hospital July 4th. 1866, with an abscess of the upper third

of left thigh, involving the hips and back. About ten days since, abdominal dropsy appeared, affecting also the scrotum and penis. The effusion increased so much as to disturb respiration when the patient was in the reclining posture. Appropriate remedies relieved the abdominal effusion, after which there was some increase of the swelling of the lower extremities. Nourishing diet and tonics, were directed. His appetite remained very good until Sept. 10th. about 5 P.M., when he had a congestive chill, from which he was partially aroused, but soon sank and died about 1 6'.C. P.M. Sept. 11th. 1866.

Autopsy 15 hours after death.

African; 5 ft. 6 in. high; much emaciated; distended, prominent abdomen; large bubo in left groin. Scrotum, prepuce, and lower limbs oedematous. Loss of both great toe nails. Brain soft; 2 oz. of fluid in sub-arachnoid cavity; no fluid in the ventricles; weight of cerebrum 40 z.; of cerebellum 7 oz. 1 6oz. of fluid in each pleural cavity; pneumonia in the lower lobes of both lungs, which were adherent posteriorly; weight of right lung 19 oz; of left 19½ oz. Bronchial glands enlarged, containing softened tubercle. Heart normal; weight 12½ oz.; both auricles and right ventricle, contained clots. Intestines distended with gas, otherwise normal; length of small intestine 26 ft.; of large 6 ft. Liver firm and normal; weight 55½ oz. Splen soft, and very dark in spots; weight 5½ oz. Kidneys fatty; black clot in the left kidney about ¼ inch in diameter; weight of right kidney 6½ oz.; of left 8 oz. Of pancreas 4 oz. Capacity of stomach 32 oz. Tubercles in the lymphatic glands involved in the bubo; also in the prostate, which presented on the left side a mass of softened tubercle about the size of a hazel-nut.

R. A. M. M. Sep. 14-66.

No. 846. Enlarged Prostate.

55412

4294

Presented by Asst. Surg. Edwin Bentley U. S. A.
Washington D. C.

Bladder with thickened rugous walls and prostate gland much enlarged; enlargement affects chiefly the third lobe, which projects into the cavity of the bladder, forming a rounded tumor the size of an English walnut.

History.

Charles Poland, age 70, a Freedman of Virginia, was admitted to Campbell Hospital Sept. 12th. 1866. Extremely feeble and palsied; with poor appetite; involuntary discharges from the bowels, and incontinence of urine; his decline was gradual till the night of September 24th. 1866, when he died.

Autopsy 12 hours after death.

African; height 5 ft. 9½ in.; girth of chest 35 in.; weight 114½ lbs.; very prominent shin bones; talipes valgus. Cerebrum weighed 34½ oz.; cerebellum 5½ oz.; both soft; no fluid in subarachnoid cavity. Right lung weighed 45 oz.; left 35 oz.; heart 15½ oz. Stasis of both lungs; both loaded with tubercles, especially the upper lobe of the left, and upper and middle lobes of the right; no vomicae nor adhesions. Pericardium adherent to heart so completely as to be inseparable, without tearing the muscular structure; left ventricle very much thickened; aortic valves imperfect; pulmonary valves calcareous. Liver cirrhosed, left lobe very small, right rounded and thickened; weight 59½ oz. Spleen full of tubercle; weight 4 oz. Weight of pancreas 2½ oz.; of right kidney 5½ oz.; of left 5¾ oz. Right kidney contained in its cortex, a fibrous mass about half an inch in diameter; the left, a well marked cyst. Capacity of stomach. 45 oz. Of bladder 2 oz. Length of small intestine 24 ft.; of large, 8 ft. Prostate gland very much enlarged and projecting an inch into the cavity of the bladder, producing a marked mechanical obstruction to the passage of urine.

R. M. M. Sept. 27-66.

No. 847.
68.2012
8295

Mole with cavity containing foetus ½ inch long, arrested in its development.

Presented by Asst. Surg. Henry McElderry U. S. A.
West Point. N. Y.

The abnormal ovum in this case forms a sac 3½ inches long with an oval cavity and walls of various thicknesses, ~~and but~~ half an inch thick at thickest part; to one part of the anterior surface of the cyst thus formed, an embryo ½ inch long is attached by its foetal extremity. This mole was expelled Nov. 5th. 1866 from a patient, who had last menstruated in the previous August. ~~previous~~.

Ramm. Nov. 14-66.

No. 848.
63 82 B2
8296

Pyaemia with metastatic foci in lungs and kidney, caused by an abscess of middle finger of right hand, which did not involve either periosteum or bone.

Presented by Asst. Surg. Edwin Bentley U. S. A.
Washington D. C.

Upper and middle lobes of right lung fused together anteriorly, containing numerous metastatic foci from the size of a pea to that of an acorn.

History.

Cayne Wayne was admitted to Campbell Hospital June 23rd. 1866. Diagnosis Typhoid fever. Died July 1st. 1866.

Autopsy 18 hours after death.

Rigor mortis very strong. African; well developed; curly hair; right hand slightly swollen, and cuticle loosened by action of poultices; middle finger of right hand suppurating and discharging by three circular openings on the back of the hand; height 5 ft. 6¾ in.; girth of chest 34 in.; proximate weight 135. lbs. Brain firm and

healthy; a half ounce of fluid in subarachnoid cavity; weight of cerebrum 39½ oz.; of cerebellum 6¾ oz. Lungs inflated; lower tip of left lower lobe consolidated; coagulated lymph on lower external surface. Metastatic abscesses interspersed throughout both lungs; weight of right 25½ oz.; of left 24½ oz.; no abnormal fluid in cavity of chest. Heart enlarged; fibrin clots in all the cavities; left ventricle enlarged and thickened. Valves perfect; weight of heart 14½ oz. Liver healthy; weight 71 oz. Spleen very black and soft; weight 9½ oz. Kidneys set with metastatic abscesses; weight of right 5½ oz.; of left 6 oz. Weight of pancreas 4½ oz. Length of large intestine 6 ft.; of small 29 ft. Capacity of stomach 16 oz.; of bladder 2 oz. The bone, periosteum, tendons &c. of right hand sound. Long and deep incisions in the finger and hand, exposed a number of small circumscribed abscesses full of pus; three of them having opened on the back of the hand.

Ramm July 2—66.

No. 849.
6483/490
8297

Thickened and extensively ulcerated colon. Chronic Dysentery.

Presented by Asst Surg. Edwin Bentley U. S. A.
Washington D. C.

A portion of colon, much thickened, with jagged and extensive ulcerations, at the edges of which the mucous membrane hangs in shreds; some adherent pseudo-membrane in those portions of mucous membrane, which are not destroyed.

History

George Washington, age 50, admitted to Campbell Hospital Aug. 2nd. 1866. Diagnosed Chronic Diarrhoea. No further information could be obtained. Died Aug. 4th. 1866. Autopsy 6 hours after death.

African; rigor-mortis very strong; no emaciation; well

developed; loss of the first two phalanges of the middle, ring, and little fingers of the left hand (old stumps); height 5 ft. 2½ in.; girth of chest 33¼ in; proximate weight 135 lbs. On opening the dura mater, serum freely issued, nothing remaining in the subarachnoid cavity. Sinuses contained black coagula; weight of brain 44½ oz. Adhesions posteriorly of both lungs; strongest on the right side. Scattered tubercles in both lungs; weights of right lung 13½ oz.; of left 10 oz. Fibrin in all the cavities of the heart; bicuspid valves at edges very much thickened; left ventricular walls very much thickened; cavity diminished; weight of heart 10½ oz. Extensive peritoneal adhesions; decomposition quite advanced in transverse colon and small intestine; colon thickened, extensively ulcerated, with elevated patches of diphtheritic membrane. Liver hard, rounded, and with amber-colored spots in the sections of the right lobe; weight 56½ oz.; gall-bladder distended. Splen very small, its malpighian bodies very distinct. Cortical substance of kidneys very light and waxy; pyramids sunkish red; weight of ~~right~~ each kidney 5½ oz. Pancreas very light-colored; weight 2 oz. Capacity of stomach 32 oz. Mucous coat corrugated with granular base. Small intestine healthy. Capacity of bladder 2 oz.

Ramm Aug. 6-66.

No. 850. Abscess of liver; pyaemia; metastatic foci in liver.

L455.04

4298 Presented by Bvt. Maj. Wm. Thompson Asst. Surg. USA.
Post Hospital, Washington D. C.

Two portions of liver, the upper one presenting on its superior surface, about two inches from the anterior edge, near the attachment of the suspensory ligament, an abscess cavity about an inch in diameter; this had discharged into the peritoneal cavity between the liver and the diaphragm, the pus being

limited by subsequent peritonitis; an abscess cavity of large size had been formed, a part of which covers the upper surface of the piece. The lower portion is a section of the right lobe of the liver, with several metastatic foci.

History (Actg. Apt. Surg. W. H. Grafton).

Sergeant Seymour Wolf, "A", 12th. U. S. Inf. Admitted to Washington Post Hospital Nov.^{em}ber 22nd. 1866. from Camp Augur; complained of colic, to which he stated he had been subject periodically for several years; had previously been admitted to this hospital and treated for diarrhoea. When admitted, was weak; had complete anorexia and great pain in his abdomen. Mineral acids; hypodermic injections of morphine; Squibb's mixture. 25th. Had a spell of vomiting; checked by creasote and paregoric; blister applied over right hypochondrium. December 3rd. Hepatic abscess suspected; poultices applied; had at this time a troublesome and painful cough. Stimulants had been given freely since Nov.^{em}ber 24th. and quinia at bedtime on the 28th. December 8th., he became restless and feverish. 20th. A tumor appeared over the region of the liver, very prominent and painful. Dr. Thomson punctured it; discharge slight. 21st. a greater discharge of liver-hued matter was obtained. 26th. Hectic fever appeared; from this time the patients strength gradually failed, notwithstanding the free use of tonics, stimulants, and sedatives. Diarrhoea set in on the 31st. Rigors and exacerbations of fever at irregular intervals, and the opening was enlarged to permit the passage of clots of coagulated blood and fibrinous matter; poultices of flax-seed meal had been used as a dressing. January 2nd. 1867. Gangrenous action set in at the opening into the abscess, and gradually spread till his death on the evening of the 7th. at 7^h 15'. Bromine was applied; his diet was beef tea and all else that could tempt appetite; milk punch, porter, ale, brandy and wine, were alternated and freely given with carbonate of ammonia, sulphate of quinine, tincture of the muriate of iron, and strychnia as tonics; sulphate of morphia, Hoffman's ano-

dyne and laudanum, were used to allay pain and quiet restlessness. Death took place from exhaustion.

Autopsy.

Viscera all healthy except the liver, which presented the abscess described, and numerous metastatic foci, varying in size from 1/4th inch to an inch in diameter, of yellow color, and consisting microscopically of granules and debris of liver tissue. Matter from the abscess had burrowed its way under the integument toward the right side some four inches, denuding the under surface of the sixth rib of periosteum; there were firm adhesions to the diaphragm and parts adjacent to the opening.

RAMM. Jan. 9-67.

No. 8 5 1. Corpus luteum of menstruation

155.5.E2

8299 From autopsy made at Freedman's Hospital, Washington D. C. by Daniel S. Lamb M.D. U.S.A.

Uterus and ovaries; the right ovary presenting a corpus luteum composed of a red blood clot 3/4 inch in diameter; a cyst 1/3 inch in diameter, attached by a narrow pedicle to the fimbriated extremity of the left fallopian tube; another half an inch in diameter attached directly to the right fallopian tube.

From the body of a colored woman, who died of fever. There was prominent elevation of Peyer's patches and solitary follicles, and follicular ulceration of the colon. See autopsy of Nov. 7th. 1866.

625115 625(a)

Nos. 8 5 2 853 Heart clot of left ventricle, formed during life,
& 8 5 3½. and softened in the centre into an abcess-like
643516 cavity. Emboli in popliteal artery and vein. Gan-
8300-8301 grene of foot.
8302

Presented by Asst. Surg. Henry McElderry U. S. A.
West Point N. Y.

852 Heart, in the left ventricle of which, attached to the interventricular septum, was a mass of fibrin, the size of a hen's egg, which had softened in the centre into a pus-like fluid; a portion of the walls of this abcess-like cavity attached to the endo-cardium, still remains in situ.

853 Left popliteal artery and vein, occluded by emboli.

History.

Daniel P. Organ, age 51, native of Somersetshire England, citizen employee. Admitted Sept.ber 4th. 1866, suffering from dry gangrene of the first, second, and third toes of the left foot, accompanied by severe pain on pressure in left popliteal space and along calf of leg. There was considerable oedema of both legs; respiration somewhat hurried and labored; congestion at the base of each lung. Heart sounds weakened but otherwise normal. The patient did not complain of any pain about the region of his heart, at any time during his illness, though percussion showed that the organ was considerably enlarged. Specific gravity of urine 1021; no traces of albumen. His sickness commenced two weeks previous to his admission, with pain and numbness of the left foot and leg, the pain especially severe in the popliteal space. The gangrenous slough slowly separated at the metatarso-phalangeal articulation, but the ulcer showed no disposition to cicatrize; on the contrary the oedema began to creep slowly up the thighs, the scrotum and penis became very much infiltrated, and gradually the dropsy spread over the whole body, although no effusion could be detected in the abdominal cavity. Percussion revealed extensive dulness in both hypochondriac re-

gions and over the base of each lung. The heart sounds continued regular, but gradually grew weaker; the lips were purplish and the extremities congested. The anasarca seemed to yield at first in some slight degree to diuretics, but it very soon grew worse again, and the patient becoming partially comatose, died in the afternoon of October 4th. 1866.

Autopsy 14 hours after death.

Blood vessels of brain generally congested; slight serous effusion in subarachnoid sac over the superior surfaces of the hemispheres. Each pleural sac contained about 1½ pint of straw-colored serum. The lower lobes of both lungs, and their upper lobes in isolated spots, were consolidated and of a dark purplish color; these portions sank in water. Right lung weighed 21½ oz; left 24 oz. Heart considerably hypertrophied. A bulging was observed on its anterior aspect a little above the apex, in the situation of the interventricular septum. Upon this being cut into, about an ounce of a reddish colored fluid of the consistence of cream, escaped, which, under the microscope, was found to consist of bodies resembling pus corpuscles, with numbers of blood corpuscles, fatty granules and debris. This fluid was discovered to have come from an irregularly shaped abscess-like cavity, about the size of a hen's egg, situated on the interventricular septum, in the cavity of the left ventricle. The ventricular structure of the heart was somewhat paler than natural, and immediately surrounding the abscess, it was flabby and easily broken down. The endocardium in the neighborhood of the abscess, was ecchymosed to some extent; the pericardium however was healthy and its sac contained no fluid. The left coronary artery, the anterior interventricular branch of which, was found to extend only as far as the abscess and was then lost, was extensively diseased by calcareous degeneration. The valves of the heart were however perfectly normal, with the exception of a slight calcareous deposit at the base of one of the leaflets of the aortic valve, which could not in any way have interfered with its proper function.

Some slight atheromatous deposits were observed upon the walls of the ascending aorta. Both sides of the heart were filled with black clots, and the organ including clots, weighed 24½ oz. The liver with gall-bladder, weighed 4½ lbs. The organ was congested, otherwise normal. The gall-bladder contained eight gall stones, varying in size from that of a pea to that of a small marble; one of these was found covered with mucus imbedded in the cystic duct. On percussion over the liver during life, the patient had always complained of a pain, whenever the region of the gall-bladder was approached. The bile was perfectly clear, transparent as water, and somewhat viscid. Spleen normal in structure, but small, weighing 3½ oz. Left kidney 5 oz.; right 4¾ oz.; the left contained two small cysts on its surface, filled with a jelly-like substance of a urinous odor; otherwise the organs were normal. Pancreas, suprarenal capsules and intestines normal. The veins throughout the body, were distended with blood. The lower portion of the left femoral, the left popliteal and a part of the left posterior tibial arteries, were completely occluded by emboli. The coats of these arteries, as well as those of the system generally, contained calcareous deposits, in some cases to a very marked extent.

No. 8531/2 Gall-stones from the same patient. 11 biliary calculi chiefly cholesterine

8302

✓ 64331.40

Nos. 854 & 855 41 Enlargement of solitary follicles and Peyer's patches of Ileum; minute ulcers of colon. From a man killed suddenly by lightning.

8303 & 8304

Presented by Asst. Surg. W. C. Miner U. S. A.
Fort Columbus. New York Harbor.

854 A portion of ileum with a Peyer's patch somewhat thickened, and solitary follicles the size of pinheads.

855 A portion of colon; extremely minute follicular ulcers.

History.

Recruit Martin Kuster, was struck by lightning during a violent thunderstorm, while standing under or against a poplar tree near his post, on Governor's Island, New York Harbor September 14th. 1866. The left side of his cap was torn open; the facing of the metal button of that side thrown off; the hair of his left temple and behind the ear singed and burnt; the left boot was torn widely open from the outside seam forwards and upwards, and the stocking within it torn; while the right boot was torn open by two small rips, in front of the outside seam and about an inch apart, one above the other. No other external marks. The coat was buttoned closely about him; none of its buttons, nor those of the vest nor pants, affected.

Autopsy 16 hours after death.

A stout muscular man; slight purplish stasis of back part of neck. Partial rigor of arms; fixed rigor of fingers and lower extremities; hair of left temple and behind ear singed away. A faint dull yellow or amber-colored line extended from half way down left side of neck forward to sternal head of clavicle; then irregularly double down the left of median line of chest over sternum; more irregularly down the abdomen and ~~more~~ to the left of umbilicus, becoming indistinct just before reaching hair of pubes, which last was burnt over middle of ramus of left side, and upon left side of scrotum. This yellow line became again distinct upon the inside of the left thigh, in a direction downwards and backwards, was lost over popliteal space, became again distinct on the back of left calf by burnt hairs, continued to the outside and forwards in front of external malleolus, where it ended. A similar but fainter burnt line of hairs, could be traced on the back of right calf, passing also downwards, outwards and forwards to terminate in front of external malleolus of that side. Some blood oozed from left ear. There was very slight stasis at posterior part of back. Pupils widely dilated. Scalp easily removable from skull, thick and quite free from blood. No fracture of skull found.

No general effusion in membranes; longitudinal sinus noticeably free from blood; opposite the parietal protuberance over the lower two convolutions of the parietal lobe, between fissures of Rolando and Sylvius, was a marked effusion of blood under the membranes. There was considerable fluid in the lateral ventricles and spinal membranes. The substance of the brain on the opposite side was hard and uninjected. Much fat under skin of chest and abdomen. Dissected under the lines mentioned; there was no change observable in the fat, tissues, nor inner side of the true skin. Lungs dilated, filling thoracic cavity. Right lung perfectly free; left with old adhesions behind. Trachea injected and lined with white glistening froth nearly 1/4 inch thick. No effusion in, nor rupture of pleurae. Heart large and fatty, filled with soft black blood on right side. Much fat at apex, and at base on right side. Cruveilhier's white spot on front of left ventricle. Intestines distended with air. Stomach partly filled with food, with ~~reduced~~ denied sugar, and posterior part of cardiac end blackened and thinned. The partly digested food was found in entire length of ileum, of a yellowish cream-like appearance. Peyer's patches near ileo-colic valve reddened, so as to be visible externally, and presented a swelled and slightly honeycombed structure of white centres in spots. He had had his supper over an hour before. The solitary glands were enlarged also, especially at lower end of ileum. Colon contained normal yellow feces. Spleen black and friable, but without fluid blood. Gall-bladder almost entirely empty. Urinary Bladder half filled with urine.

RAMM Rep. 28-66.

No. 856. 1652 Nov. 16

8305

Rheumatic arthritis of right hip and knee-joint.

Presented by Act. Asst Surg. A. W. K. Andrews U. S. A.
Louverture Hospl., Alexandria

right innominat^um and femur; the cotyloid ridge of the acetabulum fringed by arthritic new formations of bone, its concavity lined by porous new formed bone; the head of the femur atrophied, its neck distorted; arthritic new formation on edges of patella and anterior surfaces of femoral condyles.

From a negro man who died in the Freedmen's Hospital Washington D.C. in the summer of 1866

Ephraim Sealon, age 80. Admitted Sept. 13th 1866 and Sept. 26th.

No. 857. Foetus of about four months.

6555 E4

8306

Presented by J. W. Van Arnum M. D.
Washington D. C.

This foetus was aborted by a colored woman in the fall of 1866.

No. 858 Tubercular disease of right knee-joint.

6682 M14

8307

Presented by Apt. Surg. Edwin Bentley U. S. A.
Washington D. C.

Lower part of right femur with patella and upper parts of bones of leg; the articular extremities spongy, eroded, presenting several cavities, the largest of which is in the head of the tibia, being over an inch in length; the anterior surface of the patella and surfaces of the tibia, fibula, and femur, near the articulation, roughened by irregular new formation of bone.

Apparently from a case of tubercular inflammation of the joint.

No. 859. Arthritis of left knee-joint.

6652 W017

8308

From autopsy made at Freedman's Hospital
Washington D. C. by Dr. Samuel S. Bond.

Arthritic new formation of bone, with deformity of left kneejoint; and lower portion of femur with and patella and upper part of bones of leg, the articular surfaces much deformed, giving the leg a considerable bow inwards; the edges of the articular surfaces of all the bones beset by arthritic new formations.
From the body of a colored man, who died in the spring of 1866.

No. 860. New formations of bone around upper articular edges of scaphoid bone of left foot.

6652 W015

8309

From autopsy made at Freedman's Hospital,
Washington D. C. by Daniel S. Lamb, M. S. U. S. A.

Small irregular new formations of bone, about the upper edges of the articular faces of the scaphoid bone of left foot, and the adjoining edges of the astragalus and internal cuneiform bones. Anchylosis of last two phalanges of little toe. Supernumerary sesamoid bone between last two phalanges of great toe
From a negro man who died in the spring of 1866.

No. 861. Monstrous Foetus, with club hands, stump-like lower extremities; absence of colon, rectum, and urino-genital organs.

68 M 11

8310

Presented by F. Howard M. D. Professor of Obstetrics
Medical Dept. Georgetown College, Washington D. C.

Full-term foetus. Lived 15 minutes after birth; fourth child; third pregnancy; other children healthy and well-formed.
Thorax. Thymus gland well developed. Each lung consists of a single lobe. (Pleura and diaphragm partially cut away to show viscera). Abdomen. Stomach large, with hour-glass-like contraction about the middle; but one cavity. (Was bun stuffed with cotton). Liver unusually lobated. No gall-bladder. Umbilicus and hypogastric arteries pendant in median line. Testes were in the abdominal cavity; can be seen in the preparation with spermatic vessels pendant on each side of the median line. Small intestine terminates in a cul-de-sac on the left side; largely dilated and filled with meconium. No large intestine. Pancreas and spleen in situ. An irregular body one inch long on left side, supposed to represent the left kidney; but no ureters nor bladder could be made out. No pelvic cavity, nor external opening of anus. Double club-forearm and hand; and arrest of development in each thigh, which resemble stumps, the left being the largest. (Lower walls of abdomen partially cut away to show viscera).
Presented by Dr. Howard with the reservation that he may have it as he requires to show to his class at Georgetown Medical College.

R.A.M.M. Jan 20-67

No. 862. Aneurism of the Aorta.

125264.

8311

Presented by Bvt. Maj. Wm. Thompson Asst. Surg. U.S.A.
Post Hospital, Washington D. C.

Aneurism of the aorta, involving the middle lower surface of the arch, which had ruptured into the oesophagus; a whalebone in the orifice; anteriorly the

aneurism had burrowed ~~into~~ between the coats of the artery.

History.

Richard Moose, late Ordnance sergeant, age 40, Admitted Dec. 5th. 1866 with general ill health; the most prominent symptom being almost complete aphonia; there was neither cough nor expectoration. Jany. 13th. He was seized with haemorrhage to the extent of 48 oz., the blood being mixed with the food taken the previous day. During the day several recurrences took place, the blood thrown up being crimson in color. He died at 5 P.M.

Autopsy 16 hours after death.

Lungs slightly adherent from old pleuritis; bronchi filled with blood. Aneurism of the arch of the aorta, found at the point where it passes the trachea; the aneurism had opened into the oesophagus, through the orifice the blood had passed into the stomach and large and small intestines, which were therewith distended. Other organs healthy.

RAmm Jan 16-67

Nos. 863 and 864.

65S1 B7 v.8

8312 to 8313.

Bright's disease and cystic kidneys.

Presented by Bvt. Maj. Wm. Thompson Asst. Surg. U.S.A. Post Hospital, Washington D. C.

No. 863. Left kidney, with lobulated cyst, the size of a walnut at the lower end, the remainder in a state of fatty degeneration. (See Microscopical series Nos 1814 to 1817.).

864 Right kidney, presenting a number of cysts ½ inch in diameter; much adipose tissue in the pelves of the kidneys.

History.

Thomas Mitchell, a discharged soldier, an Irishman, age 44. Admitted August 6th. 1866 in a feeble condition, having as he stated been sick for the previous seven months; oedema of the feet; urine highly albuminous.

He was treated with tonics, stimulants, nutrients, diuretics and digitalis. He suffered many severe attacks of asthma, from some supposed cardiac complication. Died Jan. 23rd 1867, having been comatose during the previous 24 hours.

Autopsy.

Heart enlarged; weight 19 oz.; insufficiency of aortic valves, which showed also calcareous deposits. Liver and spleen apparently normal. Left kidney weighed 14½ oz.; three-fourths of it having undergone fatty degeneration; the remaining fourth being converted into a lobulated cyst. Right kidney; weight 8 oz.; contained a number of large cysts. Much adipose tissue in pelvis of each kidney. Other viscera healthy.

RAmm. Jan 23-67

No. 865. 68n013 Formed one to compound and duplicate

8314 2mm 575 Anat

Monstrous pig; two heads incompletely fused together in a single body.

Presented by Surgeon Howard Culbertson U. S. V.
Harvey General Hospital, Madison Wis.

This monster has a single body, two natural forelegs, and a double head fused together; there are two snouts, each with two nostrils; two mouths, with upper and lower jaw each teeth, the inner surfaces of both jaws being fused together; the outer eye on each side apparently perfect, the inner eyes represented by a single aperture, leading to an undeveloped rudiment, with a few black bristles for eyebrows; outer ear of each head normal, inner ear absent; vault of cranium deficient; brain rudimentary.

RAmm.

No. 866. Enchondroma of Shoulder.

6652 Nov 79

8315

Presented by Dr. J. B. S. Jackson
Boston Mass.

Section of an enchondromatous tumor of the shoulder, of great size. For description see Boston Medical and Surgical Journal Vol. 70. page 769. See also Nos. 1055 to 1058 Microscopical sections Army Medical Museum.

No. 867. Gall-stone. Cretified Tubercle.

6485 Nov 8

8316

Presented by Bvt. Maj. George M. McGill
Asst. Surg. U. S. A. Hicks National Genl. Hospl.
Baltimore Myd.

Probably a cretified tubercle, (chiefly composed of carbonate of lime) Gall-stone, from middle superior portion of right lobe of liver.
From a paroled prisoner, who died March 25th. 1865 of Cerebro-spinal meningitis. See page 105, Observation Book, Hicks Hospital.

No. 868. Cast of left hand with double thumb.

6840 Nov 5

8317

Private* J. H. C, 15th. Massachusetts Battery, age 43. Admitted ~~to Lincoln Hospital, Washington D. C.~~ October 29th. 1864 with chronic rheumatism. Returned to duty January 2nd. 1865.

Contributed by Surgeon J. C. McKee
Lincoln Hospital, Washington D. C.

* John H. Hill

Nos. 869 and 870. Casts of both hands, each with a sixth finger on the ulnar side.

68 Nos 647

Private T. ~~K.~~ *, ~~I~~ G., 98th. New York. Admitted to ~~Ira Harris hospital Albany New York~~ September 6th. 1865 with chronic diarrhoea. Transferred to hospital at David's Island N. Y. Harbor October 28th.

* Thomas Sambert

8318 to 8319

Contributed by Acting Assistant Surgeon J. H. Armsby.
Ira Harris hospital, Albany N. Y.

Nos. 871 1872. Tubercular caries of dorsal vertebrae; compression of spinal cord by pus.

6135 No. 1 6633 No. 2

8320 to 8321

Presented by Assistant Surgeon H. Thomson U. S. A.
Post hospital, Washington D. C.

871 Portion of spinal cord, corresponding to the 4th. to 7th. dorsal vertebrae; a mass of tough pus-like lymph coats the cord beneath the dura mater, and occupied the vertebral canal between the dura mater and the diseased bodies of the 6th. and 7th. dorsals. Microscopical examination failed to detect any structural lesion of the cord.

872 3rd. to 11th. dorsal vertebrae inclusive, with tubercular caries involving the bodies of the 6th. to 9th. dorsals inclusive; the destruction of the osseous tissue is greatest in the bodies of the 7th. and 8th. John Thomas, colored cook, "G," 20th. U. S. Infantry, age 38. Admitted January 4th. 1867; he stated that he had been sick for three months, and after six weeks illness began to lose the use of his limbs; when admitted there was almost entire anaesthesia of lower extremities, extending upwards almost to the nipple, and partial loss of motion, he could flex and extend the thighs to one-fourth the normal extent. 14th. severe chill, followed by symptoms of acute peritonitis, from which he sank on the 17th. Autopsy. Pleuritic adhesions, old and recent, on

both sides; a quantity of pus, serum and much lymph in abdominal cavity; a fluctuating tumor containing pus, on anterior portion of bodies of 6th., 7th. and 8th. vertebrae.

Ramm Jan. 17-67.

Nos. 8738874. Small sarcomatous tumor of brain; abscess of lung.
6131 67 6332 a9.

8322 to 8323 Presented by Dr. Le J. Draper, Washington D. C.

873 Small sarcomatous tumor of the size of a pea, found projecting into the anterior corne of left lateral ventricle between the median line and the inner margin of the anterior portion of the left corpus striatum. The centre of the tumor was softened into a semi-fluid. Microscopical examination showed the growth to be composed of pale delicate granulation cells about the size of pus corpuscles.

8 7/4. Right lung presenting an abcess about an inch in diameter in lower anterior portion of middle lobe.

James A. Gassoway, age 3, dark mulatto. Symptoms of pneumonia and bronchitis March 28th. 30th. pulse 120, tongue coated, skin dry, bowels constipated, suppressed cough, pain referred to epigastrium, mucous rales throughout both lungs mixed with crepitus, no perceptible dulness. Treatment— calomel grs. 3, rhubarb grs. 5, followed by Sol. sal Rochelle (2 dr. to 2 oz.) teaspoonful every two hours with half a drop of Tr. Aconit. rad. April 2nd. bowels constipated, tongue coated brown, pulse frequent and full; treatment— calomel 3 grs. jalap 5 grs., spts. Mindereri with half a drop of Tr. aconit. rad. every four hours. Convulsions April 3rd. at 1.30 A. M. lasting till daylight, with frothing at the mouth, no abnormal vision nor hearing. Medecine discontinued, and warm bath ordered with bruised garlic to wrists, ancles and epigastrium. There was no unusual heat of head, no headache, no coldness of extremities. About 6 P. M. next day convulsions returned after having ceased for 36 hours, during which there had been some little

paralysis of left side and purulent discharge from left ear, alternated by slight twitching of the muscles; bowels freely open, skin moist, tongue still coated, constant cough, sputa swallowed, desire for food and irritability when not given at once. Spts. Minderer with syrup. squill every four hours. Convulsions recurred at intervals, tongue coated, bowels constipated, pain in abdomen; no external indication of brain troubles except spasms and tendency to stupor. 5 grs. of calomel followed by a drachm of castor oil. 10th. medecine operated freely and patient seemed much better for several days, sat up in bed, drank eagerly of beef tea, milk and water, and ate bread, swallowing without difficulty. Physical signs dry, friction sound predominated, stupor more decided, patient not easily roused. Blister 3 X 5 inches to nape of neck, and beef tea, wine and milk given. 11th. blister had drawn freely but only aggravated the convulsions without relieving coma; patient continued in this condition till the 14th. when he died about 10 A. M. The father and grandfather had been subject to epilepsy, the father since a child, but had no attack for two years, now suffering with articular rheumatism. Three fellow-children died with similar symptoms of those of this child. by Dr. Hamb

Autopsy by Dr. Hamb 24 hours after death; No rigor mortis, no emaciation, eruption of miliary vesicles over chest; membranes of brain finely congested; substance around ventricles quite soft, lateral ventricles distended with about 2 oz. of serum each in which floated much flocculent lymph; choroid plexus congested, lining membranes of ventricles slightly so; the tumor as described; fourth ventricle largely distended with serum; yellowish jelly-like deposit beneath arachnoid over pons Varolii and medulla oblongata; about one ounce of serum in subarachnoid cavity; lungs somewhat congested; right lung contained an abscess the size of a walnut in its middle lobe with purulent contents and indurated walls, middle lobe hepatized, pleuritic adhesions between upper and middle lobes.

RAMM - April 15 th. 1867.

No. 875 Two portions of skin showing smallpox.
1867 No 5

8324

Presented by Assistant Surgeon Thomas G. Mackenzie U.S.A.
Kalorama hospital, Washington, D.C.

Two portions of skin showing the eruption of small-pox on the 18th. day; the upper portion from over the epigastrium, the lower from the lower third of the leg.

Benjamin Christian, colored, age 21, not vaccinated. Admitted June 8th. 1866 with confluent smallpox; the eruption had appeared on the 6th.; he did well until the 19th. or 20th. day, when in addition to severe furuncular inflammations on various parts of the body, pneumonia supervened, with rusty and tenacious sputa, pain, crepitant rales, increased frequency of respiration and dilatation of the alae nasi. The treatment consisted in the free administration of stimulants, quinia, milk and beef essence and opium in the form of Dover's powder to allay pain and procure rest; his chest was enveloped in flannel saturated with a stimulating liniment and covered with oiled silk. Died June 24th. Desiccation of the pustules had occured on various parts of the body prior to the supervention of pneumonia.

No. 876.

8325

Small-pox pustules.

Presented by Thomas G. Mackenzie Assistant Surgeon U.S.A.
Kalorama hospital, Washington D.C.

Three portions of skin, showing the eruption of small-pox on the 14th. day; the upper portion from lower third of leg, the left lower one from over thorax, the right lower from upper third of forearm.

Elisha K. Harper, U.S. General service, age 30, recently unsuccessfully vaccinated. Admitted June 15th. 1866 with

variola (confluent); the eruption had appeared on the 13th.; the eruption was exceedingly copious involving extensively both the cutaneous and mucous surfaces, faculties were clear, pulse though somewhat febrile, moderately strong; patient complained much of his throat; on the incursion of the secondary fever about the 10th. or 11th. day, the usual swelling and tension of the cutaneous surface, failed to occur to any marked degree, the pustules not assuming, as is their wont in favorable cases, a hemispherical aspect, but retained their former umbilicated shape. As fast as the process of suppuration went on, the brain and nervous system, which up to that period had remained comparatively calm, partook of the general excitement; ataxic symptoms rapidly set in and finally convulsions and coma, in which condition on the 27th. he died, 14 days from the appearance of the eruption. During the whole period that he remained rational, he referred all his painful symptoms to his throat, the mucous membrane of his tongue, either buccal region and pharynx, as far down as could be seen, being studded with pustules; his larynx was also involved, as was evident from the huskiness of his voice and at times, aphonia. Laryngitis and oedema of the glottis were apprehended, but these he escaped only to succumb to the overwhelmingly depressing effect of the variolous poison on the brain and nervous system. The treatment was mainly expectant. From the outset the eruption being profuse, aside from an occasional saline cathartic, supporting measures were instituted, of which the mineral acids and quinia formed the chief part medicinally, while wine whey and milk formed the dietetic part of his treatment. Later, as the suppurative stage came on, more active stimulants in the form of milk punch, brandy and egg. Carbonate of ammonia and beef essence were exhibited. These remedies produced no undue cerebral or arterial excitement, and were borne well by the stomach. The delirium, convulsions and coma, which subsequently

took place were no doubt due to the action of the variolous poison on the brain and nervous system, and were asthenic in character; in other words the delirium of debility. His throat symptoms were treated by the inhalation of the vapor of hot water alone and impregnated with Tincture Iodine, solution of chlorate of potash and Tincture Ferri Chloridi, the application of nitrate of silver in substance to the pustules and in solution to the inflamed surfaces, These applications afforded him marked relief, and seemed to exert a beneficial influence over the local disease, probably warding off what was greatly feared, i. e. laryngitis or oedema of the glottis. Common hogs lard and solution of common salt and vinegar, were applied to the general cutaneous surface to relieve tension, allay viritability and itching of the surface, and render the skin soft and pliant.

No. 877. Small-pox pustules.

17207.

8324

See Distinct Carbuncle 50 post 3. Same

Presented by Assistant Surgeon Thos. G. Mackenzie U. S. A. Kalorama hospital, Washington, D. C.

Portion of skin from upper third of right forearm, showing the eruption of smallpox on the 11th. day. David Sheets, colored, age 80. Admitted June 30th. 1866 with discrete smallpox; had bem successfully vaccinated a short time prior to admission. When admitted was extremely feeble, and was thoroughly impressed with the idea of approaching dissolution; with difficulty was he prevailed upon to take medicine or nourishment. He was immediately put upon stimulants and tonics and milk alternated with beef tea, but his system responded poorly, he gradually became comatose and died July 8th. A notable circumstance in this case, was the small amount of urine voided, particularly as he took nothing but liquid nourishment; the urine also contained albumen. This circumstance, combined with his extreme

age and the supervention of coma prior to death, gradual in its development, strongly points to uraemia as the immediate cause of death.

No. 878
b5556.
8327

Fibroid polypus of the uterus, composed chiefly of spindle-shaped cells with oval nuclei. See Microscopical sections 2036 to 2041.

Contributed by Dr. A. G. Lincoln, Washington, D. C.

Patient was married; about 35 yrs. of age; had had several children; previous health good, with the exception of haemorrhage some months before the operation; polypus suspected; slight descent of uterus with some retroversion. Preparations of iron given; sulphate of zinc injected; Hodge's pessary introduced. Was taken with violent flooding while travelling, and shortly afterwards the tumor was extracted by the ecraseur (February 1867). Has been in perfect health since.

R. A. M. M. February 1867.

No. 879
b493 N12

8328

See 415. Walter Reed Jr. Asst. M.

Taenia

Contributed by R. K. Stone M. D.
Washington D. C.

Fragments of tapeworm, in all 46¼ feet long, representing apparently five individuals, passed ~~in the~~ of 186, at various times within a few days of each other after taking Kousso. The patient was the same from whom was previously obtained specimen 415, and died at Alexandria Va. January 20th. 1865 of gastro-enteritis.

R. G. M. M. Sept. 27th. 1867.

No. 880
1252B6

§329

Atheroma.

Contributed by Doctor J. P. Gray
Superintendent State Lunatic Asylum
Utica N. Y.

Trans. to 57 Prov. Post.

Portion of arch of aorta presenting patches of atheroma. From case 8171 State Lunatic Asylum, Utica N. Y. The following account of the case is furnished by the contributor.

Form of mental disease Melancholia. Bodily disorder Asthma of a severe type. Post-mortem - arterial system enlarged throughout in a degree corresponding to the specimen, and also much softened; heart not enlarged, no fatty degeneration, but very soft and friable; small abscesses found on surfaces of lungs, lower lobe of each lung somewhat congested, right lung firmly adherent to pleura costalis; meninges of brain much thickened, arachnoid congested, vessels much enlarged and plainly visible in every part, and it was also raised from the cerebral convolutions at various points by serum effused beneath, arachnoid easily detached from surface and sulci; about 4oz. serum escaped on opening cranium; stomach contained 4oz. bloody serum, mucous coat softened and easily detached; bowels slightly congested; kidneys somewhat enlarged.

R. A. M. M. Sept. 20th 1867

No. 881,
6th No. 8.

§330

Small-pox pustules.

Presented by Assistant Surgeon Thos. G. Mackenzie
U. S. A. Colorama Hospital, Washington, D. C.

Three portions of skin, showing the eruption of small pox on the 24th. day; the upper portion from the skin over the os calcis; the middle portion from over thorax; the lower one from the arm.

Rowling Turner, freedman, age 36.

M M 8755

MH 8755